



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH  
LANSING

STANLEY "SKIP" PRUSS  
DIRECTOR

ELEVATOR SAFETY BOARD  
BUREAU OF CONSTRUCTION CODES  
Conference Room 3, First Floor  
2501 Woodlake Circle  
Okemos, Michigan 48864

**AGENDA**

January 23, 2009  
9:30 a.m.

1. Call to Order and Determination of Quorum
2. Approval of Agenda (Pages 1-2)
3. Approval of Minutes – November 07, 2008 (Pages 3-10)
4. Review of Elevator Contractor Applications:
  - a. Stark, Steven S., Class A-Re-exam (Pages 11-14)
5. Review of Certificate of Competency Applications:
  - a. Gutkowski, John L., (Pages 15-18)
6. Waiver Requests
  - a. Otis Elevator, Mercy Hospital, Grayling (Pages 19-24)
  - b. Otis Elevator, Gratiot Medical Center, Alma (Pages 25-26)
  - c. Turner Healthcare, Henry Ford Health System, West Bloomfield (Pages 27-30)
  - d. B & D Elevator Services, Inc., Smith Residence, Spring Lake (Pages 31-33)

*Providing for Michigan's Safety in the Built Environment*

BUREAU OF CONSTRUCTION CODES  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
Telephone (517) 241-9337 • Fax (517) 241-6301  
[www.michigan.gov/dleg](http://www.michigan.gov/dleg)

DELEG is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

7. Old Business
  - a. HFHS Wireless Program Manager, West Bloomfield Hospital, (Pages 34-56)
  - b. Contractor examination application review for Mr. Donald Schmiede,  
(Pages 57-62)  
Previous application (Pages 63-68)
  - c. Journeyperson examination application review for Mr. Donald Schmiede,  
(Pages 69-72)  
Previous application (Pages 73-79)
  - d. Journeyperson examination application review for Mr. Donald Roesler II,  
(Pages 80-82)  
Previous application (Pages 83-90)
  - e. Elevator Technology, rope gripper requirements, (Pages 91-92)
8. Legislative Update
9. Division Report C. Rogler
  - a. Chief's Report
  - b. MRL Report
  - c. Accident Report
10. New Business
11. Public Comment
12. 2009 Schedule – March 27<sup>th</sup>, June 12<sup>th</sup>, August 28<sup>th</sup>, November 6<sup>th</sup>
13. Adjournment

The meeting site and parking is accessible. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional services (such as materials in alternative format) in order to participate in the meeting should call Laurie Bass at (517) 241-9337 at least 10 work days before the event.



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**BUREAU OF CONSTRUCTION CODES**  
Conference Room 3  
2501 Woodlake Circle  
Okemos, Michigan 48864

**MINUTES**

Friday, November 7, 2008  
9:30 A.M.

**MEMBERS PRESENT**

Mr. Joseph McNally, Chair  
Mr. Richard A. Egerer  
Mr. David Flint  
Ms. Erin McLogan  
Mr. Pat Carroll  
Mr. William Kogelschatz  
Mr. Steven C. Lindsay  
Mr. George Svinicki

**MEMBERS ABSENT**

Mr. Antwane Maddox  
Mr. Eric Thomas

**MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH PERSONNEL**  
**ATTENDING**

Mr. Irvin J. Poke, Director, BCC  
Ms. Beth Aben, Deputy Director, BCC  
Mr. Calvin Rogler, Chief, Elevator Safety Division  
Mr. Ralph Arceo, General Inspector, Elevator Safety Division  
Ms. Laurie Bass, Office Supervisor, Elevator Safety Division

**OTHERS IN ATTENDANCE**

Mr. Craig Albright, HFHS	Mr. Grant Wilhelm, ThyssenKrupp
Mr. Doug McDonald, HFHS	Mr. Mark Krueger, ATW
Mr. Kevin Ryjowski, HFHS	Mr. Mark Bosley, Adaptive Environments
Mr. Steve Stark, Contractor exam	Mr. Dennis Ludwig, Adaptive Environments
Mr. Randy Shank, Sunnybrook Lanes	Mr. Keith Mann, COC exam

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Mr. Donald Schmiede, Hillclimbers  
Ms. Tracey Peterson, AA Tech  
Mr. Cornell Myers, ThyssenKrupp

Mr. Mark Holsworth, ThyssenKrupp  
Mr. Jim Plavant, ThyssenKrupp

1. **CALL TO ORDER AND DETERMINATION OF QUORUM**

The meeting was called to order at approximately 9:30 a.m. by Chairperson McNally. A quorum was determined present at that time.

2. **APPROVAL OF MINUTES**

A **MOTION** was made by Richard Egerer and supported by David Flint to approve the minutes of the August 22, 2008 board meeting. **MOTION CARRIED**

3. **REVIEW OF ELEVATOR CONTRACTOR APPLICATIONS**

Steven Stark- Class A Contractor, Re-exam

A **MOTION** was made by Richard Egerer and supported by David Flint to approve Steven Stark to take the Class A contractor examination. **MOTION CARRIED.**

4. **REVIEW OF ELEVATOR CERTIFICATE OF COMPETENCY APPLICATIONS**

Keith Mann- COC, Re-exam

A **MOTION** was made by David Flint and supported by Pat Carroll to approve Keith Mann to take the certificate of competency examination. **MOTION CARRIED.**

5. **EXAMINATIONS**

A **MOTION** was made by George Svinicki and supported Richard Egerer to grant the appropriate license/certificate to examinees if the applicants successfully pass their respective exams. **MOTION CARRIED**

Steven Stark, Class A Contractor, Re-exam - Fail  
Keith Mann, COC, Re-exam - Fail

**6. WAIVER REQUESTS**

**a. Advanced Technology & Testing, ATW, Livonia**

Request has been made by Advanced Technology & Testing for a waiver to ASME A17.1 2004, sections 2.11.4 and 2.14.4, regarding space guards for state serial #24233, located in, Livonia, Michigan.

After discussion, a **MOTION** was made by David Flint and supported by Richard Egerer to deny this request. Advanced Technology & Testing, ATW is to install the required space guard on their BFLD and to work with the Elevator Safety Division to establish an acceptable time line to have the work completed.

**MOTION CARRIED**

**c. HFHS Wireless Program Manager, West Bloomfield Hospital**

Request has been made by Henry Ford Health System for a variance to ASME 17.1, 2004, section 2.8.1.2, regarding the installation of wireless antennas in the elevator hoistways.

After discussion, a **MOTION** was made by Bill Kogelschatz and supported by Richard Egerer to table this request. The Elevator Safety Board recommends a meeting take place between representatives from Henry Ford Health Systems, Otis Elevator, the Elevator Safety Division and the Elevator Safety Board to explore alternative options.

1 abstention- Pat Carroll

**MOTION CARRIED**

**d. Adaptive Environments, Sunnybrook Lanes, Sterling Heights**

Request has been made by Adaptive Environments for a variance to allow a vertical platform lift to exceed the 12' maximum travel limitations in section 2.7.1 of ASME A18.1-2003 at Sunnybrook Lanes, in Sterling Heights, Michigan.

After discussion, a **MOTION** was made by David Flint and supported by George Svinicki to approve this request with the following recommendation:

The vertical platform lift shall be provided with 2 way communication.

**MOTION CARRIED**

**e. ThyssenKrupp Elevator, Installation Permits, Bloomfield Park Bldg D, Bloomfield Hills**

Request has been made by ThyssenKrupp for a variance to install four Synergy units at Bloomfield Park Building D, in Bloomfield Hills, Michigan.

Before considering this variance request the Elevator Safety Board chose to review the recommendations from the committee formed to review the ThyssenKrupp Synergy MRL Elevator.

The committee's report, dated November 7, 2008 was distributed and discussed. After discussion, a **MOTION** was made by David Flint and supported by Richard Egerer to accept the committee's recommendations and approve the Synergy MRL elevator for installation in Michigan. The Elevator Safety Division is asked to review and approve Synergy installations on the board's behalf when appropriate. The committee's recommendations are as follows:

- The Synergy MRL elevators have a full size "Control Room" configuration that complies with all Electrical and Mechanical Clearance Code criteria. The control room shall be constructed as per Michigan Building Code and have a rating of not less than that of the elevator hoistway.
- A fire rated self-closing access (observation) door with a welded screen panel located between the control room and hoistway shall be provided. The control room shall be adjacent to the hoistway at an elevator landing.
- The access (observation) door shall be of a size and in a location to allow observation of the elevator during manual operation of the emergency brake release (location to be approved by the Elevator Safety Division at time of application).
- If an acceptable location for the access (observation) door is not available, alternate methods may be approved by the Elevator Division.
- The access (observation) door may be eliminated when the elevator is equipped with a code compliant 2-way communication system between the elevator car and the machine (control) room.
- The entrance to the control room shall be not more than 25 feet, walking distance from an elevator entrance door and on the same floor level as a hoistway entrance door, with a clear unobstructed pathway.
- The Synergy MRL system shall consist of the components on file with the Elevator Safety Division and referenced as "ELEVATOR SYSTEM COMPONENT REFERENCE".

- The use of wedge shackles for rope terminations shall be of the type specifically designed for and shall have both the shackle and wedge marked and/or identified that it is to be used with corresponding size steel suspension means.
- The Synergy MRL will be provided with a code-approved device in compliance with ANSI A17.1-2004, Section 2.19.
- The overhead machine space illumination shall be not less than 10 fc.
- The software version (V1R3H) for the TACH50-04 must be labeled on the controller and identified on any on-board screens and interface laptop connections. This is the only approved version of software for The Synergy. Any and all upgrades or modifications of the software would require approval of the Elevator Safety Division and a major alteration permit obtained prior to installation.
- Machine replacement procedures must be available on site in the control room.
- Provide a permanent car top warning label showing ratings and/or weight restrictions allowed on top of the car canopy.
- For means of identification: the Hoistway Access feature and the Rescue Access feature shall be identified with written procedures for each. The procedures shall be posted and maintained in the control room. The Rescue Access feature shall be lockable and operable from only one landing, which will be determined between the Division and TKE at permit application. All hoistway and car doors, except the hoistway door where the Rescue Operation Controls are located shall be in the closed and locked position during the operation of the Rescue Access feature.
- Any device not currently reviewed and addressed by this committee and the Elevator Safety Board, or any device currently reviewed however modified in some way on the Synergy MRL, would not be granted a variance by the Elevator Safety Division and must instead, be made before the Elevator Safety Board. This would include but not limited to a change in capacity, control room location, hoistway configuration, new models of current devices, suspension means, etc.
- The overhead machine space shall be monitored and maintained for temperature range (41 degrees fahrenheit-5c to 104 degrees fahrenheit -40c per TKE) and humidity requirements as indicated by the elevator manufacturer for the equipment and control boards located in that area.

- TKE shall submit in writing and provide all updated printed material for the Synergy MRL Submittal Notebook, to the Elevator Safety Division immediately as it becomes available.
- The previous approval of the ISIS-1 and ISIS-2 are rescinded and replaced with the Synergy MRL as approved by the Elevator Safety Board.
- TKE will use their standard governor in lieu of a self-resetting governor and will appear before the Elevator Safety Board for any changes to the approved governor.
- Any changes determined necessary by the Elevator Safety Division at the final inspection must be complied with prior to placing the elevator in service.
- Upon completion of the installation the Elevator Safety Division shall review the Machine Room Less System and report their findings concerning this installation to the Elevator Safety Board. The Board may consider these findings in determining any future installations of these devices.
- It is further understood that Cornell Myers will be the contact person for ThyssenKrupp Elevator Company should any problems or issues arise regarding the Synergy MRL, which require clarification by the Elevator Safety Division.

#### **MOTION CARRIED**

After accepting the committee's recommendations and approving installation of the Synergy MRL Elevator in Michigan, it was determined no board action would be required on this variance request.

#### **f. ThyssenKrupp Elevator, New Synergy Product Line**

Request has been made by ThyssenKrupp Elevator to discuss their new line of MRL Elevators with the Elevator Safety Board.

After discussion, a **MOTION** was made by David Flint and supported by Richard Egerer to table this request and form a committee to review this product line.

Committee members: Bill Kogelschatz, Richard Egerer, David Flint, Joseph McNally, Calvin Rogler, and ThyssenKrupp Representatives.

#### **MOTION CARRIED**

### **7. DEPARTMENT REPORT**

- o Chief's Report - Mr. Rogler distributed the Chief's Report.



- o MRL Report-Mr. Rogler reported on all MRL Elevators approved on the board's behalf.
- o Accident Report - Accident reports received and input from August 1, 2008 through October 31, 2008 were passed out and discussed.

8. **LEGISLATIVE UPDATE**

Ms. Beth Aben thanked the board for their hard work and asked for their continued support and help with filling the Elevator Division's Assistant Chief Position.

Ms. Aben announced the Department of Labor and Economic Growth, has a new Director, Mr. Stanley "Skip" Pruss and the Department will become the Department of Energy, Labor and Economic Growth in December.

Bureau activity update from Ms. Aben:

Holly Velez, currently the Senior Executive Management Assistant to Irvin J. Poke, Bureau of Construction Codes Director will be leaving in January to work with former Bureau Director Henry Green in Washington D.C. – Congratulations and thanks were offered.

After a lengthy court battle the 2003 Michigan Uniform Energy Code (MUEC) became effective October 24, 2008.

The rules for the boiler and electrical divisions are being updated.

Electrical – A recent court action now allows the bureau to enforce the apprentice requirements outlined in 1956 PA 217, the Electrical Administrative Act.

9. **OLD BUSINESS**

a. **Hillclimbers, Private Residence Inclined Elevator, Committee Report**

The committee's report, dated November 7, 2008 was distributed and discussed. After discussion, a **MOTION** was made by David Flint and supported by Richard Egerer to accept the committee's recommendations and approve future permit applications based on the appropriate submittals from Hillclimbers as previously approved by the board.

**MOTION CARRIED**

**b. Elevator Technology, rope gripper requirements**

After discussion, a **MOTION** was made by George Svinicki and supported by Steve Lindsay to table this request as no representatives from Elevator Technology were present.

**MOTION CARRIED**

**10. NEW BUSINESS –**

The proposed 2009 Elevator Safety Board and Examination schedule was presented.

After discussion, a **MOTION** was made by Richard Egerer and supported by Pat Carroll to approve the schedule as presented.

**MOTION CARRIED**

**11. PUBLIC COMMENT**

None

**12. ADJOURNMENT**

A **MOTION** was made by George Svinicki, and supported by Pat Carroll to adjourn.

**MOTION CARRIED**

Chairperson McNally adjourned the meeting at approximately 12:20pm

Approved: \_\_\_\_\_  
Joseph McNally, Chairperson

Date: \_\_\_\_\_

**Application for Elevator Contractor License Examination**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes  
Elevator Safety Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9337  
www.michigan.gov/bcc

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OFFICE USE ONLY	
DIVISION ACTION	DATE
<input type="checkbox"/> SUBMITTED TO BOARD	INITIALS
<input type="checkbox"/> REJECTED	DATE
BOARD ACTION	
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

**EXAMINATION FEE: \$100.00 (nonrefundable)**

Authority: 1967 PA 227  
Completion: Mandatory As Required By Section 12  
Penalty: Examination Will Not Be Given

DLEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

**IMPORTANT - READ CAREFULLY**

- This application must be on file in the office of the Elevator Safety Division, Department of Labor & Economic Growth, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- The applicant shall be in a position to submit sufficient information relative to his/her experience, integrity and responsibility.
- Applicant must have at least 5 years of experience as an elevator constructor or journeyman in the type of elevator work for which they desire the license.
- Submit 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the **State of Michigan**.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? ☐ No ☒ Yes

Trans Info: 183 14486179-1 12/19/09  
CENR: 4047 Amt: \$100.00  
ID: DETROIT ELEVATOR CO

**APPLICANT INFORMATION**

CLASS		
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type
NAME		SOCIAL SECURITY NUMBER*
STEVEN SCOTT STARK		[REDACTED]
ADDRESS		TELEPHONE NUMBER (Include Area Code)
27571 WYLY		[REDACTED]
CITY	STATE	ZIP CODE
CHESTERFIELD	MI.	48047

**COMPANY REPRESENTING**

COMPANY NAME		
DETROIT ELEVATOR CO.		
ADDRESS		BUSINESS TELEPHONE NUMBER (Include Area Code)
2121 BERDETTE		248 591-7484
CITY	STATE	ZIP CODE
FERDIALE	MI	48220

**REFERENCES** - Enter below the names and addresses of three references and submit not less than two (2) written references with this application from those listed certifying your years of experience as an elevator constructor, journeyman or equivalent.

NAME			NAME		
Derek L. D'Epifanio			RANDY FRUMP		
ADDRESS			ADDRESS		
[REDACTED]			[REDACTED]		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Clinton Twp	MI	48038	FARMINGTON HILLS	MI	48334
NAME			NAME		
Anthony Hurn					
ADDRESS			ADDRESS		
[REDACTED]					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Eastpointe	MI	48021			

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

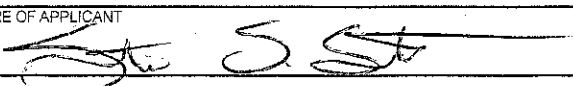
**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

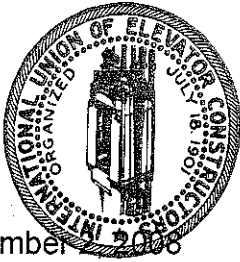
State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <b>DETROIT ELEVATOR CO.</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>5-10-93</b> TO: <b>Present</b>	
ADDRESS <b>3121 BARDETTE</b>	CITY <b>FERDINAND</b>	STATE <b>MI</b>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>CONSTRUCTION SUPERVISOR / JOURNEYMAN</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>DON PURDIE JR. VICE PRESIDENT.</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>AFTER 2000, NON WORKING FOREMAN. WORK WITH CONTRACTORS, SET JOBS UP FOR ME. PRIOR TO 2000 WORKED IN FIELD. NEW INSTALL, SERVICE MAINTENANCE, MODERNIZATIONS. ADJUST.</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>TRACTION, HYDRAULICS, ROPED HYDROS. STAGE LIFTS, WHEELCHAIR LIFTS. BASEMENT TRCTIONS</b>				
NAME OF PREVIOUS EMPLOYER <b>DOVER ELEVATOR CO.</b>			DATES EMPLOYED (Month / Day / Year) FROM: TO: <b>5-10-93</b>	
ADDRESS <b>CLIVEDALE</b>	CITY <b>OAK PARK</b>	STATE <b>MI.</b>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>HELPER</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>BOB GOSBELL</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>HELPER FOR MECHANIC / ADJUSTER</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>HYDROS TRCTIONS / BASEMENT TRACTION / STAGE LIFTS ROPED HYDROS. GEARED, GEARLESS</b>				
NAME OF PREVIOUS EMPLOYER <b>DETROIT ELEVATOR CO.</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>11-85</b> TO: <b>9-27-89 9-27-89 / 12-18-90</b>	
ADDRESS <b>1938 FRANKLIN</b>	CITY <b>DETROIT</b>	STATE <b>MI.</b>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>SHOP LABOR / JOURNEYMAN</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>BOB KAUTZ / DON PURDIE SR.</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>SHOP - CONSTRUCT &amp; FABRICATE ELEVATORS</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>TRACTION, BASEMENT TRACTION, HYDRAULIC, ROPED HYDROS, SIDEWALK LIFT, STAGE LIFT.</b>				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE <b>12-11-08</b>



LOCAL UNION NUMBER THIRTY-SIX OF THE  
**International Union of Elevator Constructors**

Phone 961-0717

P.O. Box 32451

1640 Porter Street

Detroit, Michigan 48216

December 20, 1989

Michigan Department of Labor  
And Economic Growth  
Bureau of Construction Codes  
PO Box 30254  
Lansing, MI. 48909

To Whom It May Concern:

This letter is to attest the start date in the Elevator Industry of  
Steven Stark being 09-27-1989.

Please be further advised that he has experience in construction, installation,  
maintaining and servicing elevator equipment.

Hoping this information is both useful and complete, we are:

Sincerely,

Richard A. Egerer  
Business Manager / Financial Secretary

David Kuras  
Business Representative

RAE/bs

December 11, 2008

State of Michigan  
Bureau of Const. Codes  
Elevator Safety Division  
P.O. Box 30255  
Lansing, MI 48909

RE: Mr. Steven Stark

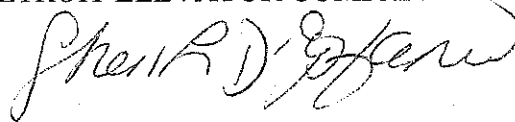
To Whom it may Concern,

Please be advised that Mr. Steven Stark has been employed at Detroit Elevator Company since November 5, 1985. Mr. Stark has experience in the installation and alteration of elevators.

If you have any questions, please do not hesitate contacting Detroit Elevator Company.

Thank you,

DETROIT ELEVATOR COMPANY

A handwritten signature in cursive script, appearing to read "Sheri L. D'Epifanio".

Sheri L. D'Epifanio  
Payroll, Accounts Receivable

Application for Elevator Certificate of Competency Examination  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes  
Elevator Safety Division  
P.O. Box 30255  
Lansing, MI 48909  
517-241-9337  
www.michigan.gov/bcc

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OFFICE USE ONLY	
DIVISION ACTION	DATE
<input checked="" type="checkbox"/> SUBMITTED TO BOARD	1/6/09
<input type="checkbox"/> REJECTED	INITIALS
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$35.00 (nonrefundable)

Authority: 1967 PA 227  
Completion: Mandatory As Required By Section 12  
Penalty: Examination Will Not Be Given  
The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Labor & Economic Growth, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? ☒ No ☐ Yes

Tra Infor 183 14509919-1 12/30/08  
Chk# 2139 Amt: \$50.00  
ID: JOHN GUTKOWSKI

APPLICANT INFORMATION

TYPE	
<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
NAME	
JOHN L. GUTKOWSKI	
ADDRESS	
135 CAROLINA ST.	
CITY	STATE
ALMA	MICHIGAN
ZIP CODE	48801
SOCIAL SECURITY NUMBER*	
<del>XXXXXXXXXX</del>	
TELEPHONE NUMBER (Include Area Code)	
<del>XXXXXXXXXX</del>	
Do you currently hold an elevator contractor license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. _____	
Do you currently hold an elevator journeyman license? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. 34910	

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED	
<input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
DID YOU GRADUATE?	
<input type="checkbox"/> Yes, Year _____ <input checked="" type="checkbox"/> No	
IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL	
COMPLETED G.E.D.	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING	

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

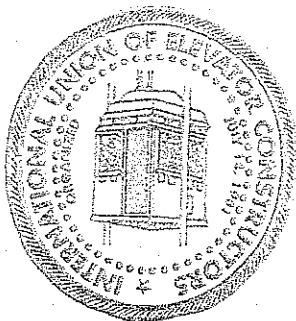
NAME OF PRESENT OR LAST EMPLOYER <b>SCHINDLER ELEVATOR</b>			DATES EMPLOYED (Month / Day / Year) FROM: 2-82 TO: 12-08	
ADDRESS <b>PINETREE RD.</b>		CITY <b>LANSING</b>	STATE <b>MI</b>	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>MECHANIC</b>			YOUR SUPERVISOR'S NAME AND TITLE <b>PAUL PAWLASKI</b>	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>CONSTRUCTION, MODERNIZATION, MAINT, REPAIRS, &amp; SERVICE</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>TRACTION, HYDRO'S, ROPED HYDRO'S, ESCALATORS, STAGE LIFTS, BFLO.</b>				
<b>WORKED WITH OTHER COMPANIES BETWEEN DATES BUT MOSTLY W/ SCHINDLER</b>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS		CITY	STATE	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)			YOUR SUPERVISOR'S NAME AND TITLE	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS		CITY	STATE	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)			YOUR SUPERVISOR'S NAME AND TITLE	
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

#### CERTIFICATION AND SIGNATURE

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT <b>John L. Sathorn</b>	DATE <b>3-24-2008</b>





INTERNATIONAL UNION OF  
ELEVATOR CONSTRUCTORS

AFFILIATED WITH THE AFL-CIO

LOCAL 85

5800 EXECUTIVE DRIVE, LANSING, MI 48911

(517) 882-0100 PHONE

(517) 882-1970 FAX

WILLIAM J. KOGELSCHATZ  
BUSINESS MANAGER

---

September 5, 2007

Department of Consumer & Industry Services  
Bureau of Construction Codes  
P. O. Box 30254  
Lansing, Michigan 48909

Attention: Cal Rogler, Chief Elevator Inspector

This is to inform you that John L. Gutkowski, Security Number ~~XXXXXXXXXX~~, is well qualified to take the Certificate of Competency Test to become a State Inspector. Mr. Gutkowski has been in the elevator trade since February 7, 1982 and has experience in service, modernization, maintenance, as well as new elevator installation and construction.

Mr. Gutkowski is very knowledgeable and a highly respected individual. He gets along well with others and is spoke very highly of amongst his co-workers. I personally believe he would be an attribute to the Elevator Safety Division and do an excellent job of working as a State Inspector. If you have any questions, please feel free to call.

Sincerely

William J. Kogelschatz

WJK/tlv

Schindler Elevator Corporation



April 8, 2008

Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes/Elevator Safety Division  
PO Box 30254  
Lansing, MI 48909

To Whom It May Concern:

Please be advised that John Gutkowski has worked for Schindler Elevator for the past 16 years in the construction, repair and service departments.

I recommend he be given the competency test.

Sincerely,

SCHINDLER ELEVATOR CORPORATION

A handwritten signature in black ink, appearing to read 'Paul Pawlowski', written over the printed name.

Paul Pawlowski  
Superintendent





JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH  
LANSING

STANLEY "SKIP" PRUSS  
DIRECTOR

January 8, 2009

To: Elevator Safety Board

From: C. W. Rogler

Subject: Request for a variance to ASME 17.1, 2004 Section 8.11.2.3.5

Request has been made by Otis Elevator for a variance to ASME 17.1, 2004 Section 8.11.2.3.5, regarding Standby Power testing, at Mercy Hospital in Grayling, Michigan.

**Division Recommendation**

The Elevator Safety Division recommends this variance be approved provided all elevators be on standby power while each elevator; one at a time is being tested with 125% of the rated load in the down direction. Current language included in the A17.2-2007 would remove the requirement of a 125% rated load being placed on all elevators with simultaneous testing.

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**Otis Elevator Company**

North American Area  
1777C S. Garfield Avenue  
Traverse City, MI 49686



**Otis**

A United Technologies Company

December 16, 2008

Mr. Cal Rogler  
Chief Elevator Inspector  
State Of Michigan  
Elevator Safety Division  
P.O. Box 30254  
Lansing, MI 48909

Reference: **Mercy Hospital Emergency Power Testing**

Dear Mr. Rogler:

Please schedule the following for the January 2009 Elevator Safety Board meeting.

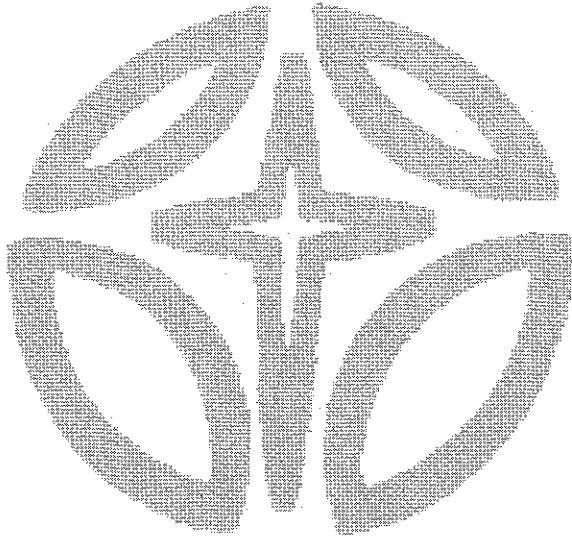
We are requesting a variance for the testing procedure on Emergency Generator Power at Mercy Hospital in Grayling, MI. (State #'s 18412, 18413 & 7136) As described in 2.27.2 Emergency or Standby Power System.

The Building is requesting this variance due to the disruption & potential safety issues that may arise having all of the units out of service at one time.

Enclosed is correspondence from Mercy Hospital Facilities and Specifications for the generator.

Please call with any questions.

William Anderson  
Manager, Northern Michigan  
231 342 8086



**MERCY HOSPITAL GRAYLING**

Partnering with  **MUNSON HEALTHCARE**

December 5, 2008

To Whom It May Concern:

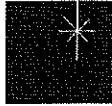
I am writing this as a variance request to allow continued use of non-effected elevators during the planned emergency generator test. This request is being made due to the negative impact that elevator non-use would pose to the operations of MHG and healthcare of its patients ... resulting in the in-ability to transport patients vertically for surgery, etc. ... up-to and including life/death situations.

If there are any questions, feel free to contact me. In the meantime, thank-you for your agreement with this request.

Sincerely,

*Carl Seils* (electronic)

Carl Seils, RPA  
Director, Facility Services  
Mercy Hospital – Grayling  
989.348.0436



Crystal Clear Engineering, PLC  
527 N. Elmwood Avenue  
Traverse City, MI 49684  
231-941-1164

Memo to: Carl Seils, Director Facilities  
Mercy Hospital Grayling

From: L. Eric Mueller, PE

Subject: Generator Capacity and Load Report

The existing generator is a Caterpillar diesel driven unit rated at 500 KVA/400 KW at 480 volts, 3 phase, 60 Hz. This generator has a full load current rating of **601 Amps**.

Here are the readings taken during a power failure on April 11, 2007 (note that the building was fully operational at its current configuration on this date):

Utility outage start time: 1720 hours  
Utility outage ends: 2334 hours  
Duration: 6 hrs 14 minutes

**Generator Metrics at 1930 hours:**

Line 1 Amps = 260  
Line 2 Amps = 260  
Line 3 Amps = 260

Generator water temperature, oil pressure, and other operating conditions were within normal limits.

**Generator Metrics at 2130 hours:**

Line 1 Amps = 270  
Line 2 Amps = 260  
Line 3 Amps = 260

Generator water temperature, oil pressure, and other operating conditions were within normal limits.

**Both readings represent approximately 43% of full load.**

**Rogler, Cal (DLEG)**

---

**From:** Anderson, William [william.anderson@otis.com]  
**Sent:** Monday, December 08, 2008 2:08 PM  
**To:** Rogler, Cal (DLEG)  
**Subject:** FW: ELEVATOR TESTING UNDER EMERGENCY GENERATOR CONDITIONS

Cal,

Two older units (18412 & 18413) do not have jewels indicating Emergency Power.  
Will they be required to pass this Generator Test.

---

**From:** Anderson, William  
**Sent:** Monday, December 08, 2008 12:30 PM  
**To:** Cal Rogler  
**Subject:** FW: ELEVATOR TESTING UNDER EMERGENCY GENERATOR CONDITIONS

Cal,

Mercy Hospital in Grayling is requesting a variance for the Testing of the Emergency Generator.  
Attached is there request and generator info.  
Please schedule this for the January Board meeting.

State #'s 18412, 18413 & 7136

See you there.

---

**From:** Carl Seils [mailto:CSEILS@trinity-health.org]  
**Sent:** Friday, December 05, 2008 11:43 AM  
**To:** Anderson, William  
**Subject:** Fwd: ELEVATOR TESTING UNDER EMERGENCY GENERATOR CONDITIONS

Bill --

Attached is a document from our PE relative to the generator capacity and load info along with a variance request ... let me know if you need anything else. Also, please provide a breakdown of the \$5900.00 emergency generator test quote. Thanks.

Carl Seils, RPA  
Director, Facility Services  
Mercy Hospital - Grayling  
989.348.0436  
989.348.0328 Fax  
cseils@trinity-health.org

>>> Carl Seils 11/10/2008 3:57 PM >>>

Bill -- Just another piece of info. Per Cal, a variance can be requested so that only the elevator being tested will need to be shut-down ... the others can remain in operation during the testing. This would be advisable as elevators need to be accessible. Carl

>>> Carl Seils 11/10/2008 2:13 PM >>>

12/17/2008

Bill --

It is my understanding after discussions with Cal Rogler of the Elevator Safety Division that MHG must secure permits and related test results for the two elevators (#18412 & #18413) in the 1980 building relative to operations under emergency generator conditions.

This also applies for elevator #7136. I believe this is the recent 'mod' unit, but am not sure. If this is the case, I suspect that Otis has already pulled the required permit. ?? Corrective action for all three (3) units is to be completed on/before Dec 6, 2008.

Please pursue as needed and keep me informed of status. Contact me if you have any questions or concerns to discuss.  
Thanks.

Carl Seils, RPA  
Director, Facility Services  
Mercy Hospital - Grayling  
989.348.0436  
989.348.0328 Fax  
cseils@trinity-health.org

12/17/2008





JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH  
LANSING

STANLEY "SKIP" PRUSS  
DIRECTOR

January 8, 2009

To: Elevator Safety Board

From: C. W. Rogler

Subject: Request for a variance to ASME 17.1, 2004 Section 8.11.2.3.5

Request has been made by Otis Elevator for a variance to ASME 17.1, 2004 Section 8.11.2.3.5, regarding Standby Power testing, at Gratiot Medical Center in Alma, Michigan.

**Division Recommendation**

The Elevator Safety Division recommends this variance be approved provided all elevators be on standby power while each elevator; one at a time is being tested with 125% of the rated load in the down direction. Current language included in the A17.2-2007 would remove the requirement of a 125% rated load being placed on all elevators with simultaneous testing.

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Otis Elevator Company  
North American Operations  
Westland Commerce Center  
4500 Empire Way, Suite 3  
Lansing, Michigan 48917  
(517) 322-0100 Fax: (517) 322-9431



**Otis**

A United Technologies Company

December 15, 2008

Mr. Calvin Rogler  
Chief – Elevator Safety Division  
Department of Labor & Economic Growth  
Bureau of Construction Codes  
PO Box 30254  
Lansing, MI 48909

Dear Mr. Rogler:

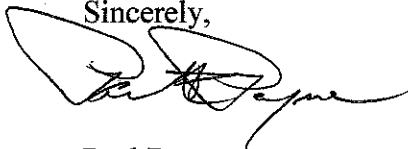
Otis Elevator Company has completed the installation process for one (1) hydraulic unit and four (4) GEN2 units for the Gratiot Medical Center in Alma, Michigan. Permit numbers 58488, 58474, 58487, 58475, and 58486. The Emergency Generator Test for those units is all that remains.

Under current code, all elevators in the building are required to be fully loaded during the emergency power test for the newly installed elevators. We are requesting a variance during the emergency power test permitting us to test the elevators one at a time. Removing all elevators from service at the same time for the test will have an adverse impact on the hospital.

I understand there is an Elevator Safety Board meeting January 23, 2009 and request the opportunity to appear before the board.

Thank you for your consideration.

Sincerely,



Paul Payne  
New Equipment Superintendent



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH  
LANSING

STANLEY "SKIP" PRUSS  
DIRECTOR

January 8, 2009

To: Elevator Safety Board

From: C. W. Rogler

Subject: Request for a variance to ASME 17.1, 2004 Section 8.11.2.3.5

Request has been made by Turner Healthcare for a variance to ASME 17.1, 2004 Section 8.11.2.3.5, regarding Standby Power testing, at Henry Ford health System in West Bloomfield, Michigan.

**Division Recommendation**

The Elevator Safety Division recommends this variance be approved provided all elevators be on standby power while each elevator; one at a time is being tested with 125% of the rated load in the down direction. Current language included in the A17.2-2007 would remove the requirement of a 125% rated load being placed on all elevators with simultaneous testing.

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# Turner Healthcare

**Turner Construction Company**  
6775 W. Maple Road  
West Bloomfield, MI 48322  
phone: 248.432.3115  
fax: 248.788.0933

January 02, 2009

Michigan Dept. of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety/Elevator Safety Division  
P.O. Box 30254  
Lansing, MI 48909

Re: Henry Ford Health System  
West Bloomfield Hospital  
6777 West Maple Road  
Contract No. 12041-02  
Elevator Emergency Power Testing Requirement  
Variance to A17.2-2004 item 1.17.3

Dear Calvin:

In January/February of 2009 Henry Ford Health System West Bloomfield hospital will be completing the installation of sixteen (16) new elevators capable of operating on the emergency power conditions. Six (6) existing elevators in existing building continue to operate under emergency power conditions as they have in the past and now along with the sixteen (16) new elevators.

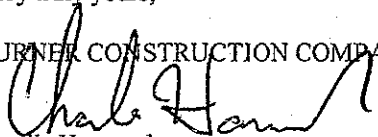
Due to the hardship that would be caused by testing all these elevators within the facility (new and existing) with full loads at one time, I would like to request a variance in regards to the Emergency Power testing requirements currently in place.

I would like the Code Authority to consider on January 23, 2009 meeting allowing us to test the Emergency Power System by individual elevator based on the A17.2-2007.

Thank you in advance for your help in this matter.

Very truly yours,

TURNER CONSTRUCTION COMPANY

  
Charlie Hornacek  
Senior Project Manager

CH:pas

Enclosures

C: Bill Mazzara – Director Facility & Construction – HFHS  
Brent Bauer – Project Manager – Otis Elevators, File:

A17.1-2000 and later editions — Requirements 2.16 and 8.11.2.1.1(p).

A17.3 — Section 3.7.

**1.16.4.2 Hydraulic Elevators.** A17.1d-2000 and earlier editions — Section 207 [Rule 301.10], and Rule 1004.2(a)(16).

A17.1-2000 and later editions — Requirements 2.16 [3.16] and 8.11.3.1.1(p).

A17.3 — Section 3.7 [para. 4.2.4].

## ITEM 1.17 STANDBY POWER OPERATION

### 1.17.1 Periodic Inspections

Visually inspect transfer switch and means of transfer for evidence of damage or misuse. Verify that the key used to operate the selection switch is adequately controlled.

### 1.17.2 Periodic Test

#### 1.17.2.1 Electric Elevators

(a) *Yearly Test (for A17.1d-2000 and Earlier Editions); Category 1 Test (for A17.1-2000 and Later Editions).* Have the elevator(s) taken out of normal service and placed at the floor where the standby power switch is located. Have the system transferred to standby power and operate the elevator(s) with no load in the car. Check the switch that overrides automatic sequence operation, if provided. Make several trips and stops checking for proper operation. From the machine room use a tachometer to verify that the elevator is running at normal speed especially in the up direction (speed must not exceed 125% of rated speed). If a separate power absorption means such as a resistor bank is used to absorb regenerative power, it must be connected on the load side of the elevator disconnect switch. If more than one elevator is operated from the same power source simultaneously, test the simultaneous operation.

(b) *5-Year Test, Only One Elevator on Standby Power Supply (for A17.1d-2000 and Earlier Editions); Category 5 Test, Only One Elevator on Standby Power Supply (for A17.1-2000 and Later Editions).* Have the elevator placed on standby power as outlined in Item 1.17.2(a). Place the rated load on the elevator (125% rated load for passenger elevators and freight elevators that are permitted to carry passengers) and operate the elevator observing for safe operation. Use a tachometer in the machine room to verify that the overhauling load does not cause a speed increase in excess of 125% of rated speed or the governor tripping speed.

(c) *5-Year Test, More Than One Elevator Operating Simultaneously on Standby Power Supply (for A17.1d-2000 and Earlier Editions); Category 5 Test, More Than One Elevator Operating Simultaneously on Standby Power Supply (for A17.1-2000 and Later Editions).* Have the elevators placed

on standby power supply operation and loaded with the rated load (125% rated load for passenger elevators and freight elevators that are permitted to carry passengers) and operate all of the elevators simultaneously observing that they operate normally and will safely lower, stop, and hold. Use a tachometer to check the speed of each elevator when operating simultaneously in the down direction. Verify that each elevator stops at or near the terminal landing and before the final terminal stopping device is operated. The speed should not exceed 125% of the rated speed or the governor tripping speed.

#### 1.17.2.2 Hydraulic Elevators

(a) *Yearly Test (for A17.1d-2000 and Earlier Editions); Category 1 Test (for A17.1-2000 and Later Editions).* Have the elevator(s) taken out of normal service and placed at the floor where the standby power switch is located. Have the system transferred to standby power and operate the elevator(s) with no load in the car. Check the switch that overrides automatic sequence operation, if provided. Make several trips and stops checking for proper operation. If more than one elevator is operated simultaneously from the same power supply, test the simultaneous operation.

(b) *5-Year Test, Only One Elevator on Standby Power Supply (for A17.1d-2000 and Earlier Editions); Category 5 Test, Only One Elevator on Standby Power Supply (for A17.1-2000 and Later Editions).* Have the elevator placed on standby power as outlined in Item 1.17.2(a). Place the rated load on the elevator and operate the elevator observing for safe operation.

(c) *5-Year Test, More Than One Elevator Operating Simultaneously on Standby Power Supply (for A17.1d-2000 and Earlier Editions); Category 5 Test, More Than One Elevator Operating Simultaneously on Standby Power Supply (for A17.1-2000 and Later Editions).* Have the elevators placed on standby power supply operation and loaded with the rated load and operate all of the elevators simultaneously observing that they operate normally.

### 1.17.3 Acceptance

In addition to the above test, verify that the means of transfer to standby power is at the designated landing and that the switch overrides any automatic sequence provided. The switch must be key operated or behind a locked door.

**1.17.3.1 Electric Elevators.** Check that if other building loads (such as power and lighting) are used as a means of absorption of regenerative power, such loads are transferred to standby power with the elevator(s).

### 1.17.4 References

**1.17.4.1 Electric Elevators.** A17.1d-2000 and earlier editions — Rules 207.8, 210.10, 211.2, 1001.2(a)(17), 1002.2g, and 1002.3e.

**Rogler, Cal (DLEG)**

---

**From:** Sword, Pat - (MICH) [psword@tcco.com]

**Sent:** Friday, January 02, 2009 1:28 PM

**To:** Rogler, Cal (DLEG)

**Cc:** Begley, John - (MICH); Bhalla, Sid - (MICH); Brent.Bauer@otis.com; Hornacek, Charles A - (MICH);  
wmazzar1@hfhs.org

**Subject:** Elevator Emergency Power Testing Requirement/Variance to A 17.2-2004 item 1.17.3 letter to Calvin Rogler

Dear Mr. Calvin Rogler,

Please find the attached letter from Charlie Hornacek regarding the Elevator Emergency Power Testing Requirement Variance for the Henry Ford Health System West Bloomfield Hospital Project.

Thank you,

Pat Sword  
Field Secretary



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH  
LANSING

STANLEY "SKIP" PRUSS  
DIRECTOR

January 8, 2009

To: Elevator Safety Board

From: C. W. Rogler

Subject: Variance to ASME A17.1-2004 R 5.3.1.10.1 which restricts the maximum platform size to 15 ft. squared.

Request has been made by B & D Elevator Services, Inc, for a variance to ASME A17.1-2004, R 5.3.1.10.1 to allow a platform size of 17.2 ft squared, at the Smith Residence in Spring Lake, Michigan.

**Division Recommendation**

The Elevator Safety Division recommends that any allowed increase in the platform area should have the "rated load" (capacity) based on a minimum 62.5 lbs/ft<sup>2</sup> of the platform.

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**B & D Elevator Services, Inc.**  
**1820 N. Hickory Rd.**  
**Owosso, MI 48867**

January 6, 2009

State of Michigan  
Elevator Safety Division  
Lansing, MI

To elevator safety board:

I am requesting a variance on behalf of Tyler Smith for an oversized platform for a residential elevator. In section 5.3.1.10 capacity, loading, speed, and rise the maximum platform area is 15 square feet as defined in rule 5.3.1.10.1 capacity. Due to the needs of a larger sized wheelchair a larger platform is required. The proposed area will be 17.2 square feet. Thank you for your help in this matter.

Sincerely,



Paul VanFleteren

President/Owner

B & D Elevator Services

1-866-323-3538



Print

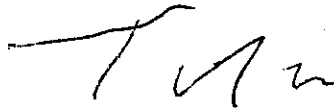
Page 1 of 1


**From:** Dina DeCator (dinadecator@hotmail.com)  
**To:** vanf2@verizon.net  
**Date:** Thursday, December 11, 2008 4:46:51 PM  
**Subject:** N Shore Elevator

This letter is in reference to the elevator located at 18501 N. Shore Estates Rd. We have an 18 yr old nephew who requires the use of an adult wheelchair. Bedroom one which is located just outside the elevator was built barrier free just for him. The elevator needs to have an expanded area so his chair will fit in and out without complications.

Sincerely,

Tyler Smith

 12-11-08

Dina DeCator   
Ph: 616-293-3332  
Fx: 248-404-6992



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

KEITH W. COOLEY  
DIRECTOR

October 21, 2008

To: Elevator Safety Board

From: C. W. Rogler

Subject: Request for a variance to ASME 17.1, 2004, section 2.8.1.2

Request has been made by Henry Ford Health System for a variance to ASME 17.1, 2004, section 2.8.1.2, regarding the installation of wireless antennas in the elevator hoistways.

**Division Recommendation**

The Elevator Safety Division recommends this variance be denied. ASME A17.1-2004, Section 2.8.1.2 States in part "2.8.1.2 Only such electrical wiring, raceways, and cables used directly in connection with the elevator, including wiring for signals, for communication with the car, for lighting, heating, air conditioning, and ventilating the car, for fire detecting systems, for pit sump pumps, and for heating and lighting the hoistway and/or machine room shall be permitted to be installed inside the hoistway."

A review of the preceding Section along with an Interpretation, Inquiry 03-16, which asks a question about using a wireless communication system to meet the requirements of Section 2.27 Emergency Communication system for the elevator, explains that "as long as the coax wiring and antennas are **only** used for communication with the elevator(s), they are permitted." The system proposed is not for communication with the car as required in Section 2.27, it is for communication with people riding on the car.

There is nothing in ASME to prevent the installation of these antennas in the elevator car.

*Providing for Michigan's Safety in the Built Environment*

BUREAU OF CONSTRUCTION CODES  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
Telephone (517) 241-9337 • Fax (517) 241-6301  
[www.michigan.gov/dleg](http://www.michigan.gov/dleg)

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Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities

October 7, 2008,

Mr. Calvin W. Rogler, Chief  
Elevator Safety Division  
Michigan Department of Consumers & Industry Services  
Elevator Safety Division  
P.O. Box 30254  
Lansing, Michigan 48909-7754

Re: 802.11 A/B/G/N Antenna Hoistway variance for Henry Ford Health System

Dear Mr. Rogler,

This letter is our request to be placed on the upcoming Elevator Safety Board meeting on Nov 7<sup>th</sup>, 2008 to present the case for a variance to Rule 2.8.1.2 of ASME A17.1-2004.

We have received approval to install passive wireless antennas in the elevator shafts at the West Bloomfield hospital in the past and are seeking to increase the scope of the approvals to include all existing and new Henry Ford Health System elevator Hoistways. Installation of the antennas is essential for the proper operation of HFHS State of the Art wireless system designed to support life sustaining monitoring devices and facilitate improve patient care. We have developed an installation design with Otis Elevator and are confident this design will not interfere with the operation of the elevator and will not impose any safety issues. We understand that elevator hoistway access is restricted to licensed elevator personnel, and will contract licensed elevator companies for the initial installation as well as any ongoing maintenance of the antennas.

Please see attachments.

Best Regards

Craig Albright  
HFHS Wireless Program Manager  
[Calbrig1@hfhs.org](mailto:Calbrig1@hfhs.org)  
734-637-3869



INFORMATION TECHNOLOGY  
HFHS WEST BLOOMFIELD  
HOSPITAL – ELEVATOR  
WIRELESS SURVEY

**SIEMENS**

HFHS West Bloomfield Hospital  
Elevator Shaft Wireless Antenna Implementation

DRAFT



INFORMATION TECHNOLOGY  
HFHS WEST BLOOMFIELD  
HOSPITAL – ELEVATOR  
WIRELESS SURVEY

SIEMENS

## Summary

The proposed method is to provide wireless coverage within the West Bloomfield Hospital elevator hoistways/cars.

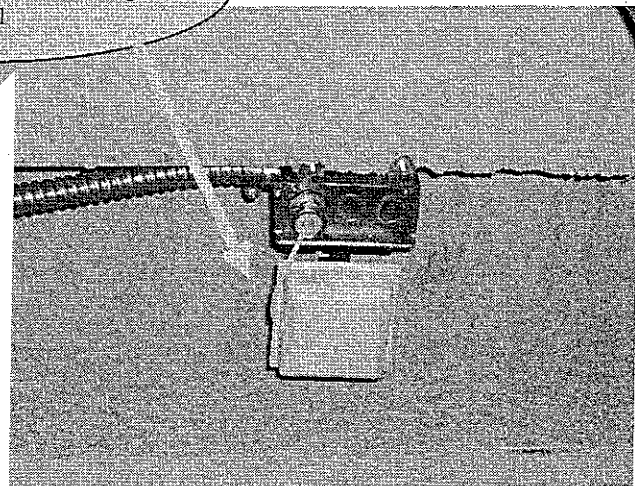
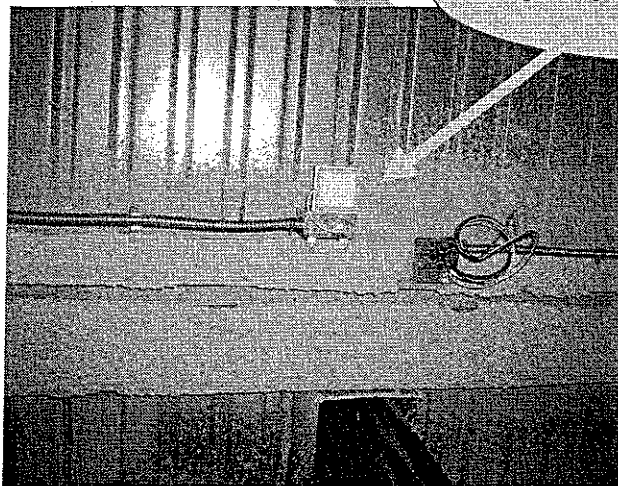
## Proposed Method/Design

To install a wireless access point outside each elevator hoistway and connect them to two directional antennas installed in the top of the hoistway/elevator shaft. This proposed method decreases the likelihood of a dropped signal which would result in a loss of wireless communications. This is accomplished by reducing the roaming burden on the client/clinical device (e.g., SpectraLink wireless phone, handheld, patient vital monitoring, having to transfer usage of multiple access points to maintain the continuity of the call.) and ensures a consistent predictable radio frequency (RF) signal. It requires the installation of the wireless access point above or concealed within the ceiling on the top floor of the facility and connecting it to an antenna installed at the top of the elevator hoist way.

## Tools Utilized to perform the Elevator shaft test

- Siemens HighPath 2620 Access Point
- 2 Cushcraft directional Antennas (S24497P)
- 2 – 25 foot Low Loss LMR-400 cable with reverse polarity SMA plug.
- Air magnet laptop Analyzer

Antennas mounted vertically  
pointing straight down, avoiding  
steel

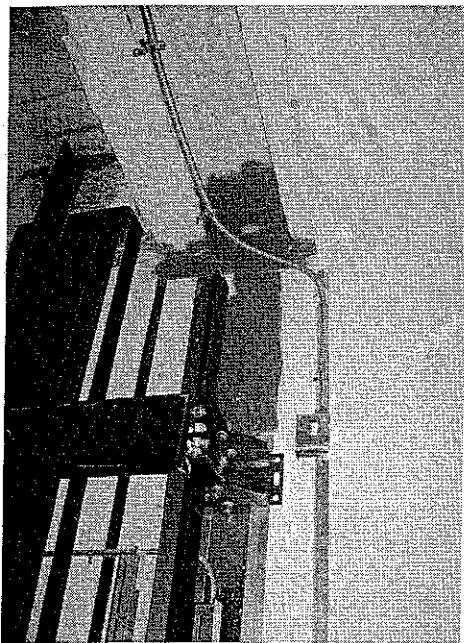
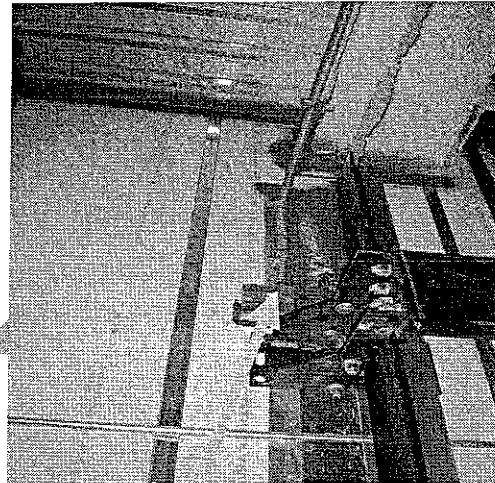
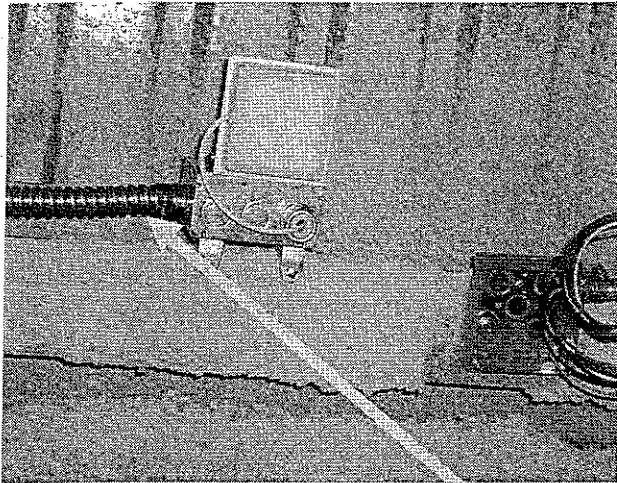


Picture shows Cushcraft antenna (S24497P) installed on top of the shaft directly pointing straight below.  
(avoiding any metals beams)



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HOSPITAL – ELEVATOR  
WIRELESS SURVEY

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Low loss LMR 400 cable ran  
through the antenna to the AP  
installed outside the elevator

## Design Assumptions and Goals

A wireless access point (AP) placement analysis inside the elevator shaft was completed for the West Bloomfield Hospital Pod R 3<sup>rd</sup> floor. The analysis was performed using Air Magnet Analyzer. The purpose of this field report write up is to provide associated coverage that will be provided by Siemens HiPath 2620 AP inside the elevator shaft. Onsite validation was performed utilizing the Air Magnet tool.

- User density: unknown



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- Environmental issues such as: Metal shaft, Steel beams/walls
- Access Point properties:
  - Siemens HiPath 2620 access point with Cushcraft dual band 7.0 dBi antennas model S24497P will be used for the deployment.
  - Dual band coverage (802.11 a/b/g) with 50% power for the b/g band and 75% power for the a band output density and AP redundancy.
  - Dynamic radio management will be used.

## Test Procedure

1. Elevator in Pod R was selected to perform test analysis for the Access Point/Antenna placement and to conduct data rate test. KLA electricians had installed 2 Cushcraft dual band directional 7.0 dBi antennas inside on top of the elevator shaft with antenna facing straight below the floors.
2. Siemens Wireless Engineers used the Air Magnet Analyzer tool to perform the tests to measure the RF signal strength inside and outside the elevator shaft. These results will be final and will be used for all future Siemens/Henry Ford Elevator shaft AP/Antenna design and installations. The steps involved using Air Magnet Signal Distribution log to monitor the RF data rates, SNR (Signal-to Noise ratio), minimum and maximum signal strength. (**documented in detail – see Appendix**)
3. Tests were performed by Wireless Engineers inside the shaft along with presence of KLA and OTIS elevator. RF readings were measured inside the elevator shaft on 3<sup>rd</sup> floor as elevator shaft went on the bottom floor (Garden Level) of Pod R. RF readings were also taken on each floor outside the elevator shaft and were recorded on the Air Magnet tool.

## Results

The RF test results that were recorded inside the elevator as shaft was being moved top to bottom between each floor are as follows

### POD-R\_ Elevator #1

#### Inside the shaft

##### A radio

Min Signal -49

Max Signal -32

SNR (Signal to Noise Ratio) 64

##### b/g radio

Min Signal -47

Max Signal -29

SNR 64

The RF Test results that were recorded outside each floor of the elevator shaft are as follows:

#### First floor outside the elevator shaft

##### A radio

Min Signal -64

Max Signal -50

SNR (Signal to Noise Ratio) 93

##### b/g radio

Min Signal -61

Max Signal -47

SNR (Signal to Noise Ratio) 90

#### Second floor outside the elevator shaft

##### A radio

Min Signal -64

Max Signal -47

##### b/g radio

Min Signal -58

Max Signal -40



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SNR (Signal to Noise Ratio) 96

SNR (Signal to Noise Ratio) 98

**Third floor outside the elevator shaft**

**A radio**

Min Signal -55

Max Signal -35

SNR (Signal to Noise Ratio) 57

**b/g radio**

Min Signal -57

Max Signal -37

SNR (Signal to Noise Ratio) 55

**POD-R Elevator #2**

**Inside Shaft**

**A Radio**

Min Signal -69

Max Signal -47

SNR (Signal to Noise Ratio) 51

**b/g radio**

Min Signal -71

Max Signal -48

SNR (Signal to Noise Ratio) 50

The RF Test results that were recorded outside each floors of the elevator shaft are as follows:

**Garden floor outside the elevator shaft**

**A radio**

Min Signal -64

Max Signal -52

SNR (Signal to Noise Ratio) 43

**b/g radio**

Min Signal -72

Max Signal -56

SNR (Signal to Noise Ratio) 91

**First floor outside the elevator shaft**

**A radio**

Min Signal -60

Max Signal -51

SNR (Signal to Noise Ratio) 45

**b/g radio**

Min Signal -67

Max Signal -55

SNR (Signal to Noise Ratio) 43

**Second floor outside the elevator shaft**

**A radio**

Min Signal -57

Max Signal -44

SNR (Signal to Noise Ratio) 52

**b/g radio**

Min Signal -71

Max Signal -54

SNR (Signal to Noise Ratio) 39

**Third floor outside the elevator shaft**

**A radio**

Min Signal -60

Max Signal -58

SNR (Signal to Noise Ratio) 46

**b/g radio**

Min Signal -61

Max Signal -49

SNR (Signal to Noise Ratio) 35

**Recommendations:**

Based on the RF results that were documented using the Air Magnet Analyzer tool it our recommendation that going forward the selected Siemens HiPath 2620 Access Point and Cuschcraft dual band directional antenna with 7.0 dBi (model # S24497P) to be used for all future elevator shaft installations. Selected Cushcraft wireless antenna has been certified by Siemens Communications. The test conducted and the RF results shown above and





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**SIEMENS**

attached in appendix below shows adequate coverage for wireless inside and outside the elevator shaft with minimal point of failure.

Appendix

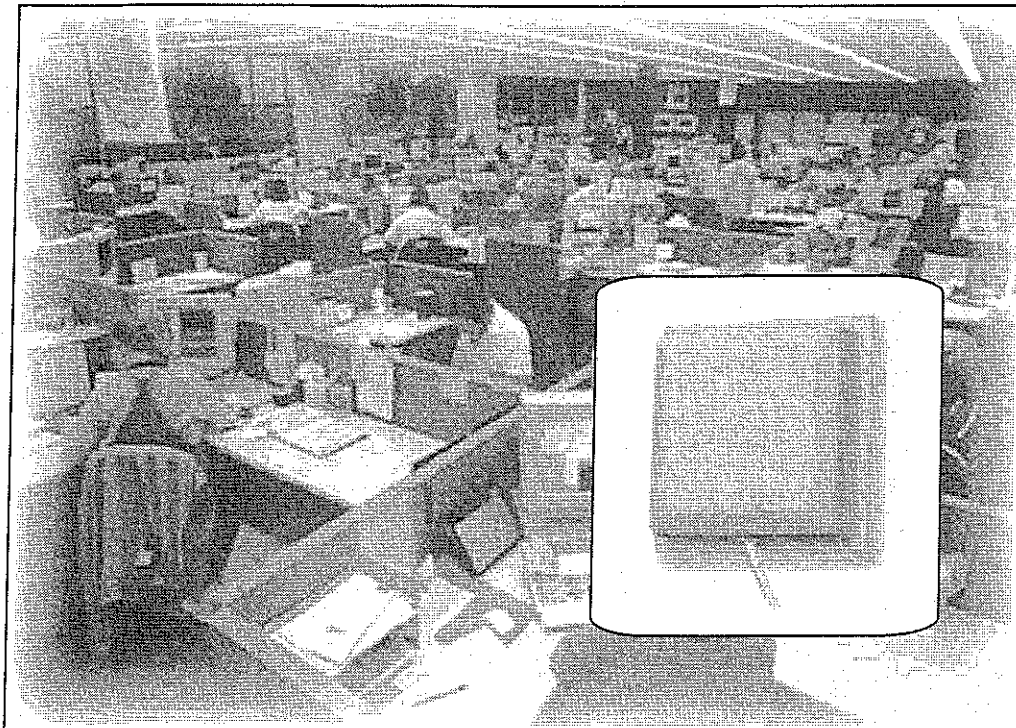


West Bloomfield Elevators.zip

DRAFT

**S24497P****DUAL BAND PANEL ANTENNA**

- 802.11 A/B/G AND WIDE BAND FREQUENCY COVERAGE
- VARIETY OF CABLE LENGTHS AND CONNECTORS AVAILABLE
- FAST AND EASY INSTALLATION WITH ARTICULATING MOUNT INCLUDED
- NEUTRAL COLOR AND DIMINUTIVE PROFILE DISAPPEARS INTO THE ENVIRONMENT

**DUAL BAND, TRI-MODE DIRECTIONAL ANTENNA**

Cushcraft's new dual band tri-mode directional antenna allows the customer to install one antenna system and continue to use that one antenna system regardless of the 802.11 mode of operation or frequency band. Your customer can install and use the antenna system for 802.11b or g service today and can continue to use the antenna to support an 802.11a system if they deploy one at some later date. Customers deploying an 802.11b or g system today intending to keep those systems functioning while also deploying an 802.11a system can deploy some number of them for b/g and at some later date deploy some number for 802.11a mixing and matching as he deploys while maintaining the same aesthetic approach for all of his antennas.

Pattern shapes are uniform and symmetrical providing high levels of signal density into defined coverage zones, an important feature for high data rate, high capacity environments such as offices.

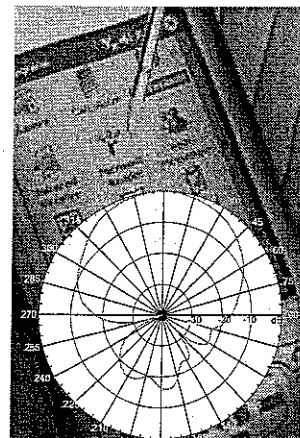
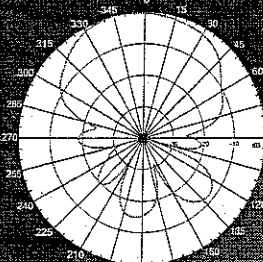
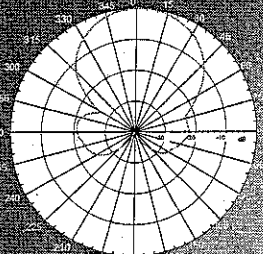
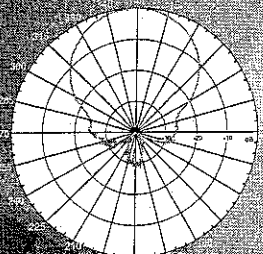
Standard cable length is 36" and the standard connector is the reverse polarity TNC. However other coax length and connector alternatives are available as well.

Call your Cushcraft Sales Representative to place an order or visit us at:

**[www.cushcraft.com](http://www.cushcraft.com)**

**PRODUCT TECHNICAL SPECIFICATIONS:**

Frequency (GHz):	2.4 - 2.5 & 4.90-5.99
Gain:	7 dBi (nominal)
Elevation beamwidth:	
Lowband 2.4-2.5 (Highband 4.9-5.9)	66° (60°)
Azimuth beamwidth:	
Lowband 2.4-2.5 (Highband 4.9-5.9)	68° (52°)
Polarization:	Linear Vertical
Weight (Antenna Only) lb. (kg):	.5 (.23)
VSWR:	2:1
Mounting Style:	Wall mount
Dimensions (in):	4.1 x 4.1 x 1.5
Pigtail:	36"
Enclosure:	Acrylic / PVC
Power (Watts):	10
RF Connectors:	Reverse TNC

**H-PLANE 2.4 GHz****E-PLANE 2.4 GHz****H-PLANE 5.5 GHz****E-PLANE 5.5 GHz**

**[WWW.CUSHCRAFT.COM](http://WWW.CUSHCRAFT.COM)**

## GROUNDING

System grounding and lightning protection are Essential especially for exterior-mounted antennas exposed to the elements. Never install an antenna where it may fall and contact electrical lines (refer to the National Electrical Code).

## SPECIFICATIONS

Model:	S24497P
Frequency: MHz	2400-2500 / 4900-6000
Gain:	2400-2500 7 dBi Nominal 4900-6000 8 dBi Nominal
VSWR:	2:1
E-Plane (3 dB beamwidth):	66° @ (2400-2500 MHz) 60° @ (4900-6000 MHz)
H-Plane (3 dB beamwidth):	68° @ (2400-2500 MHz) 32° @ (4900-6000 MHz)
Polarization:	Linear, Vertical
Front to Back Ratio:	10 dBi min @ (2400-2500 MHz) 15 dBi min @ (4900-6000 MHz)
RF Connector:	Reverse TNC
Cable	12" Plenum
Weight lb. (kg):	.83 (.3)
Mounting:	Wall / Mast
Dimensions in.(cm):	4 x 4 x 1.5 (10.2 x 10.2 x 3.8 )
Enclosure:	PVC / Acrylic
Mast Diameter Max. in.(cm):	2 (5.1) For Supplied Strap
Power (Watts):	2

## LIMITED WARRANTY

Cushcraft Corporation, 48 Perimeter Road, Manchester, New Hampshire 03103, warrants to the original consumer purchaser for one year from date of purchase that each Cushcraft antenna is free of defects in material or workmanship. If, in the judgement of Cushcraft, any such antenna is defective, then Cushcraft Corporation will, at its option, repair or replace the antenna at its expense within thirty days of the date the antenna is returned (at purchasers expense) to Cushcraft or one of its authorized representatives. This warranty is in lieu of all other expressed warranties, any implied warranty is limited in duration to one year. Cushcraft Corporation shall not be liable for any incidental or consequential damages which may result from a defect. Some states do not allow limitations on how long an implied warranty lasts or exclusions or limitations of incidental or consequential damages, so the above limitation and exclusion may not apply to you. This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. This warranty does not extend to any products which have been subject to misuse, neglect, accident or improper installation. Any repairs or alterations outside of the Cushcraft factory will nullify this warranty.

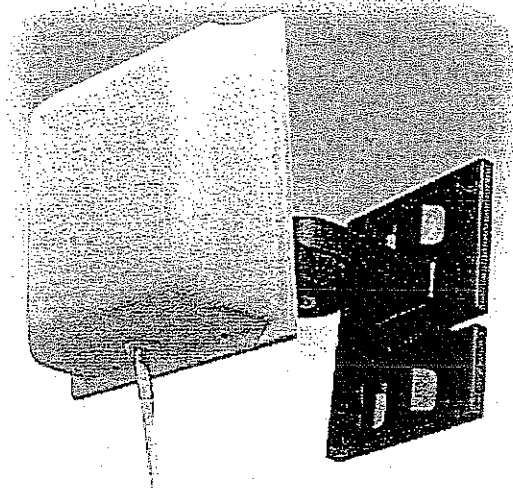


48 PERIMETER ROAD, MANCHESTER, NH 03103  
Tel: 603-627-7877 • Fax: 603-627-1764  
e-mail: sales@cushcraft.com • website: www.cushcraft.com

# S24497P

(2400-2500 / 4900 - 6000 MHz)

## ASSEMBLY AND INSTALLATION INSTRUCTIONS



## APPLICATION

Designed for wireless LAN service, Cushcraft's S24497P is a directional patch array enclosed in a uv-stable weatherproof radome. The focused radiation pattern may be used to extend point-to-point link coverage or to provide targeted sector coverage in the 2.4 and 5 GHz band.

## SAFETY

Cushcraft's S24497P and all associated equipment should be installed in accordance with applicable local and national electrical code guidelines to ensure safe operation.

## ANTENNA LOCATION

The S24497P may be mounted at interior or exterior locations. A line-of-sight signal path works best for point-to-point links. Although 5 GHz signals penetrate cubical dividers and interior partitions with little attenuation, reinforced block walls, banks of metal cabinets, or steel shelving may attenuate signals or cause multipath, a condition where reflected signals interfere with the primary signal. Because antenna beamwidth is narrow, it is important to aim the antenna accurately during installation in order to provide optimum gain and best performance.

## MOUNTING

The S24497PF is supplied with a universal articulating mount that accepts mast diameters up to 2 inches (5.1cm) or mounts to any flat vertical surface. This mount is especially designed to provide wide-range articulation in both the azimuth and elevation planes.

956516\_GF\_AA

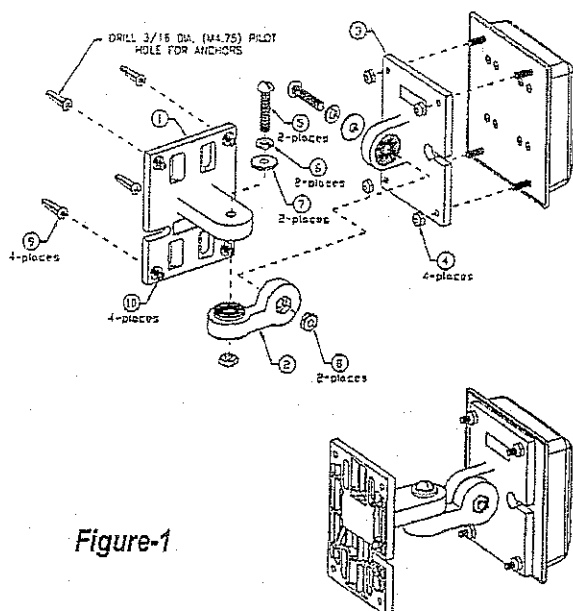


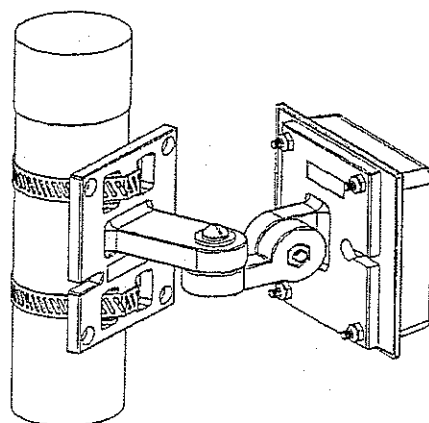
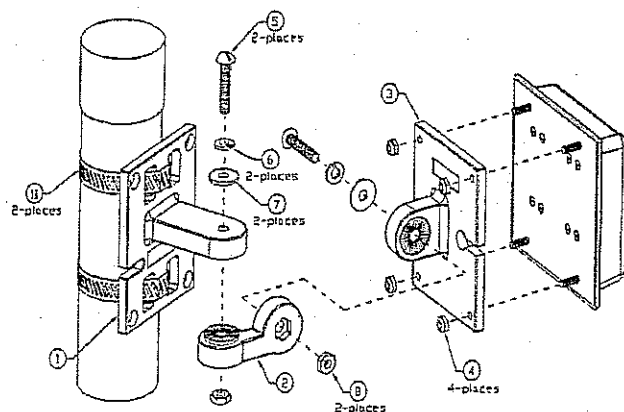
Figure-1

KEY	DISPLAY	DESC	SIZE	QTY
7		FLAT WASHER	1/4"	2
11		HOSE CLAMP	—	2
2		ARTICULATING ARM	—	1
1		WALL / MAST MOUNT	—	1
3		ANTENNA MOUNT	—	3
9		PLASTIC WALL ANCHOR	# 8	4
10		SS MACHINE SCREW	#8-18 x 3/4"	4
8		MACHINE SCREW	1/4" -20 x 1-1/4"	2
6		SS SPLIT LOCK WASHER	1/4"	2
8		SS HEX NUT	1/4" -20	2
4		SS / Nylon HEX NUT	8/32"	4

## ASSEMBLY

Install the articulating mount to the antenna back plane, as shown in Figure-1:

1. Find the molded antenna mount (3) and four 8-32 nylon lock nuts (4). Use the nuts to attach the mount to the exposed studs on the back of the antenna.
2. Find the molded articulating arm (2). Also, find a 1/4"-20 x 1-1/4" machine screw (5), 1/4" lock washer (6), 1/4" flat washer (7), and 1/4"-20 hex nut (8). Use hardware to secure the molded arm to the antenna mount as shown in Figure-1.
3. For installation on flat surfaces, find the molded wall/mast mount (1) and use it as a drill template to mark hole locations. Drill four 3/16" diameter pilot holes and install wall anchors (9). Install the mount using four 8-18 x 3/4" self-tapping screws (10).
4. For pole or mast installations, find two worm clamps (11) and install as shown on the molded wall-mast mount (1). Encircle pole with each band and tighten.
5. To attach the antenna assembly to the wall/mast mount, find a 1/4" x 1-1/4" machine screw (5) and install a 1/4" lock washer (6) and a 1/4" flat washer (7) as shown. Use the screw to attach the free end of the articulating arm to the mount, securing in place with a 1/4"-20 nut (8).
6. Loosen 1/4" pivot screws as needed to position antenna for desired azimuth and elevation steering. When antenna is in adjusted, tighten all hardware securely.



# Henry Ford Health System

Enterprise Wireless 802.11 a/b/g/n  
Deployment based on Siemens Hi-Path  
Technology

# Purpose

- Request a more encompassing variance to extend previously received elevator variances to all existing and future HFHS facilities.

# Henry Ford Health System

- Henry Ford Health System (HFHS) is one of the nation's leading health care providers, offering a seamless array of acute, primary, tertiary, quaternary and preventive care backed by excellence in research and education.
- Henry Ford, a Michigan non-profit health care enterprise governed by community leaders provided more than \$104 million in uncompensated medical care.
- More than 22,000 full-time equivalent employees, including 3,000 nurses and more than 4,000 allied health professionals provide care during more than 2.2 million patient contacts.
- More than 90,000 patients are admitted to Henry Ford hospitals annually.

# HFHS' Wireless Drivers

- Enable mission critical patient mobility (e.g., Monitoring, vital signs, location services)
- Enable enterprise electronic medical records
- Enable mobile workforce
  - Provide access to IT systems at the point of care
  - Local voice mobility using the 802.11 wireless infrastructure.



# HFHS Current Deployment Plan

- Detroit Campus Hospital (2.4m sq/ft) installed
  - 30 miles of CAT6 cabling
  - 1,362 Access Point/Sensor
- West Bloomfield Hospital (660,000 sq/ft) in progress
  - 600 Access Point/Sensor
  - Variance granted for 30 car permits
- Planned deployment of 57 additional HFHS facilities

# HFHS' Production Status

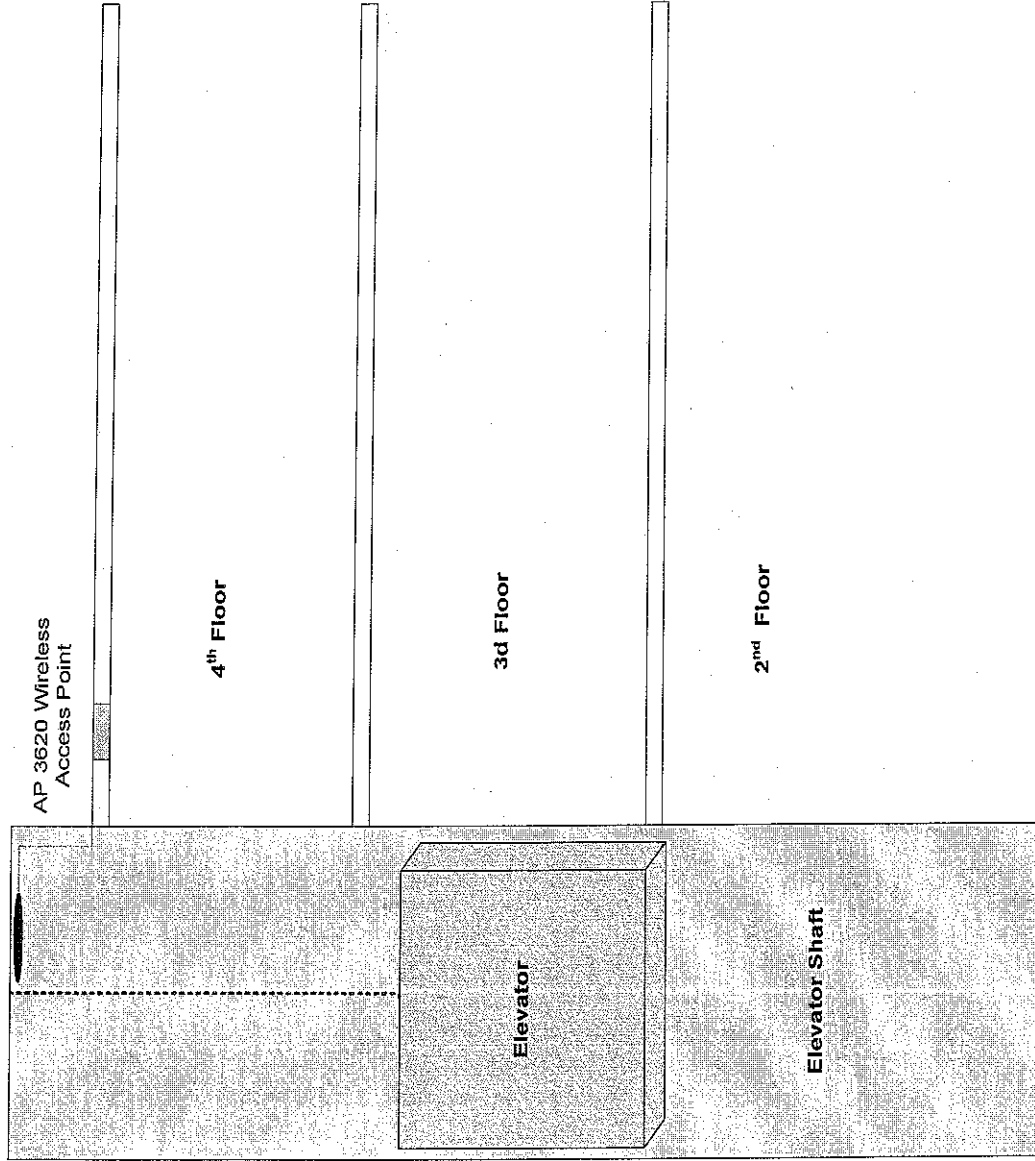
- SpectraLink Wireless VOIP Phone Voice Pilot has completed and elevator coverage is a critical issue to cover the needs of the health system.
- Expect to see the same issue recurring with patient monitors, medical devices, location services (etc) once deployed

# Proposed Solution – Extend Approved Design

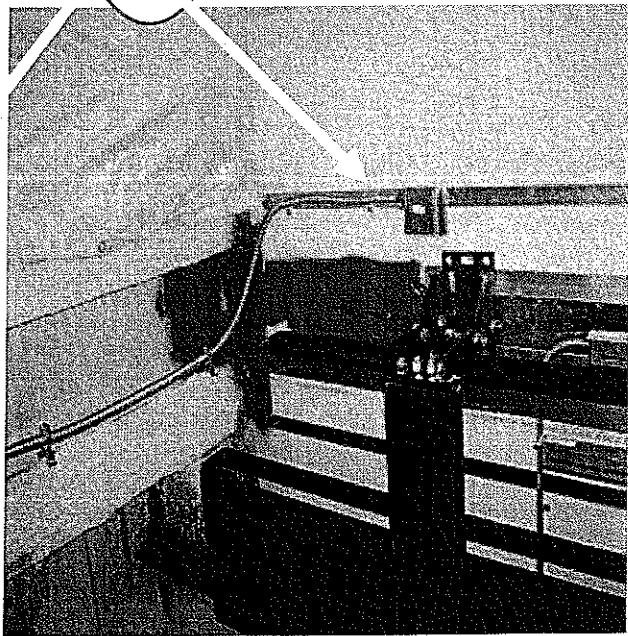
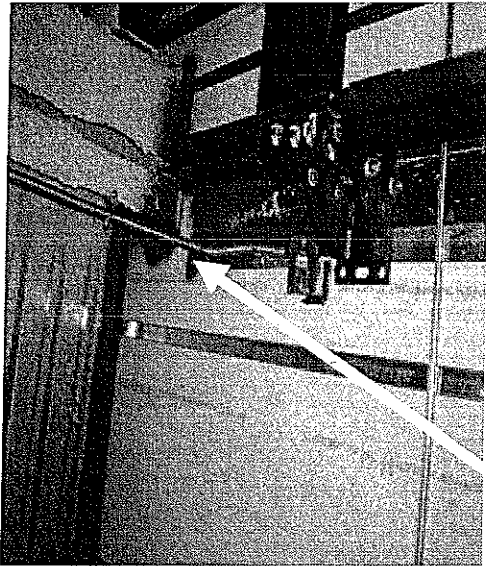
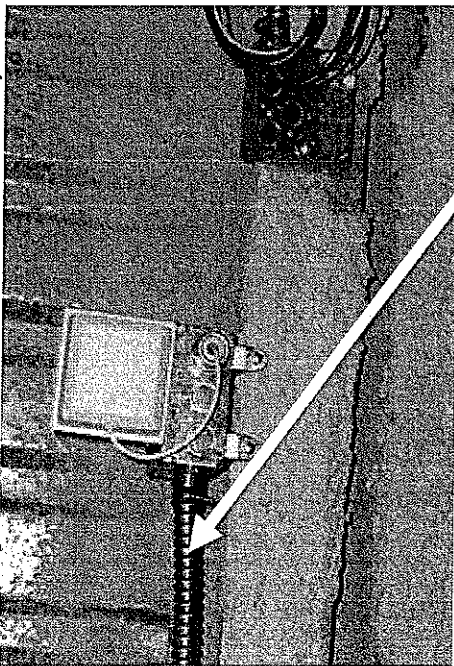
- Goal:
  - Decrease roaming burden on wireless devices
  - Eliminate likelihood of a dropped signal
  - Provide predictable radio frequency footprint
- Design:
  - Install wireless access point outside elevator hoistway
  - Passive Directional Cushcraft antenna installed at the top of the hoistway by licensed elevator technician.
  - HFHS understands elevator hoistway access is restricted to licensed elevator personnel. HFHS will contract licensed elevator companies for the initial installation and all subsequent antenna issues.
  - HFHS will not allow any unlicensed personnel into the elevator machine rooms or hoistways in response to any antenna issue.
  - Specs Attached:

# Installing Wireless Antenna Inside the Elevator Shaft

CushCraft  
S24497P  
Directional  
Antenna



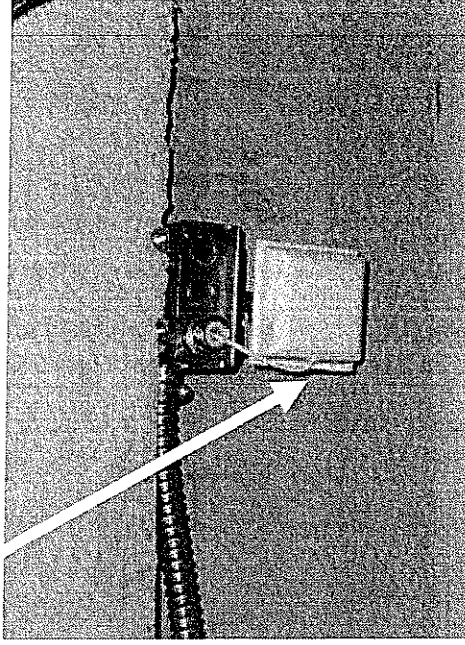
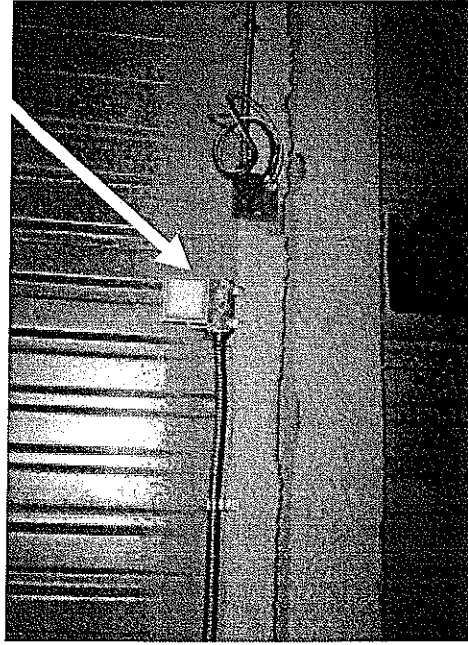
Approved Design -  
Cushcraft Antenna (S24497P) Installed on Top of the Elevator Shaft Hoistway



Low loss LMR 400 cable  
ran through the antenna  
to the AP installed outside  
the hoistway

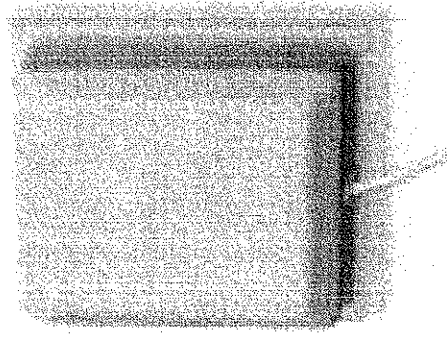
Approved Design -  
Cushcraft Antenna (S24497P) Installed on Top of the Elevator Shaft Hoistway

Antennas mounted  
vertically pointing  
straight down

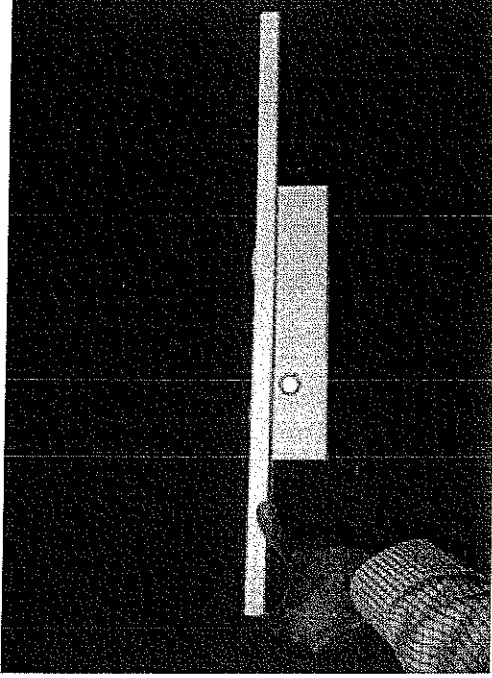
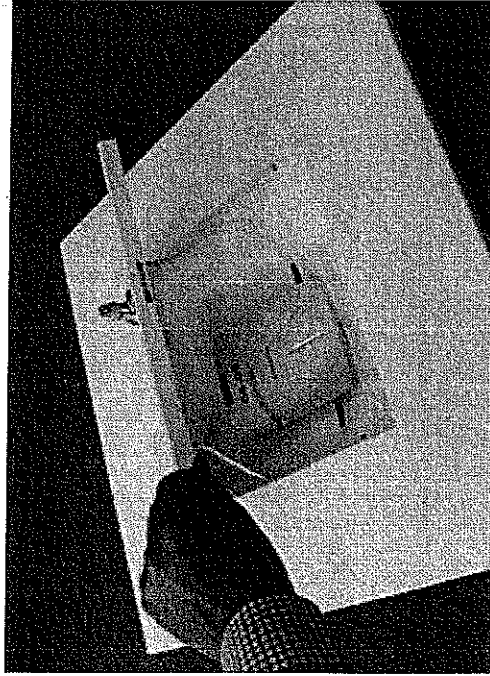


# Specifications for the S24497P Antenna

<b>Manufacturer</b>	<b>Cushcraft</b>
<b>Manf. P/N</b>	S24497P
<b>Frequency</b>	2400-2500/4900-5990
<b>Gain dBi</b>	7.0
<b>H-Plane</b>	68/52 Degree Directional
<b>Polarization</b>	Linear Vertical
<b>Connector</b>	Reverse TNC
<b>Pigtail</b>	36"
<b>Mount</b>	Wall
<b>Domain</b>	FCC/IC
<b>Dimensions</b>	4.1x4.1x1.5in



# Access Point Enclosure Outside the Hoistway





**Application for Elevator Contractor License Examination**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Elevator Safety Division  
P.O. Box 30255  
Lansing, MI 48909  
(517) 241-9337

183

**OFFICE USE ONLY**

<b>DIVISION ACTION</b>	<b>DATE</b>
<input type="checkbox"/> SUBMITTED TO BOARD	INITIALS
<input type="checkbox"/> REJECTED	
<b>BOARD ACTION</b>	<b>DATE</b>
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

**EXAMINATION FEE: \$45.00**

Authority: 1967 PA 227  
Completion: Mandatory As Required By Section 12  
Penalty: Examination Will Not Be Given

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**IMPORTANT - READ CAREFULLY**

- This application must be on file in the office of the Elevator Safety Division, Department of Labor & Economic Growth, Bureau of Construction Codes & Fire Safety, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of examination.
- The applicant shall be familiar with the applicable law, rules, and regulations for elevators.
- The applicant shall be in a position to submit sufficient information relative to his experience, integrity, and responsibility.
- Examination applications not properly completed will be returned to applicant.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to above address.

Don 14069103 14504620-3 12/29/98  
LANS: 1232 0817 540.00  
ID: DONALD SCHMIEGE

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? ☐ No ☒ Yes

**APPLICANT INFORMATION**

<b>CLASS</b>	
<input type="checkbox"/> A	<input type="checkbox"/> B
<input checked="" type="checkbox"/> C - Device Type <u>Incline Elevators, Private Residence. &amp; Commercial.</u>	
<b>NAME</b>	<b>SOCIAL SECURITY NUMBER</b>
Donald Schmiede	[REDACTED]
<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>
4611 Lakewood Rd.	(231) 8941141
<b>CITY</b>	<b>STATE</b> <b>ZIP CODE</b>
Whitehall	Mi. 49461

**COMPANY REPRESENTING**

<b>COMPANY NAME</b>	
Hillclimbers Inc.	
<b>ADDRESS</b>	<b>BUSINESS TELEPHONE NUMBER</b>
4611 Lakewood Rd.	(231) 8941141
<b>CITY</b>	<b>STATE</b> <b>ZIP CODE</b>
Whitehall	Mi. 49461

**REFERENCES** - Enter below the names and address of three references and submit not less than two (2) written references with this application from those listed certifying your years of experience as an elevator constructor or journeyperson or equivalent.

<b>NAME</b>			<b>NAME</b>		
Robert Yoder			John Wattles		
<b>ADDRESS</b>			<b>ADDRESS</b>		
[REDACTED]			[REDACTED]		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
Vicksburg	Mi.	49097	Kalamazoo	Mi.	49007
<b>NAME</b>			<b>NAME</b>		
Tim Bosma P.E.			Dr. Joe Chapel		
<b>ADDRESS</b>			<b>ADDRESS</b>		
[REDACTED]			[REDACTED]		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
Grind Rapids	Mi.	49503	Montague	Mi.	49437

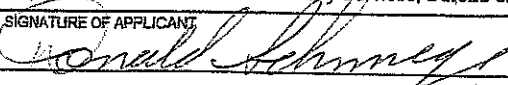
**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitely your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service, and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <b>Hillclimbers Inc.</b>			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS <b>4611 Lakewood Rd.</b>	CITY <b>Whitehall</b>	STATE <b>Mi.</b>	<b>07/13/00 Present</b>	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>Owner</b>		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Manufacture, Install, Estimate, Design &amp; Consult New Private Incline Elevators.</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (Geared, Gearless), Hydraulic (Direct, Roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Traction, Wire Rope, Geared.</b>				
NAME OF PREVIOUS EMPLOYER <b>D.M. Electric &amp; Maintenance Inc.</b>			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS <b>4611 Lakewood Rd.</b>	CITY <b>Whitehall</b>	STATE <b>Mi.</b>	<b>03/01/81-07/12/00</b>	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>Owner</b>		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>General Electrical Contractor, Employer, Estimating, Layout &amp; Design. Manufacture and install, New Incline Elevators.</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (Geared, Gearless), Hydraulic (Direct, Roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Traction wire rope.</b>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM: TO:	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (Geared, Gearless), Hydraulic (Direct, Roped), Stage Lift, Sidewalk, Escalators, etc.)				

If you have a disability and may require some accommodation in taking this examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available through this office.

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules, and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Consumer and Industry Services, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE <b>12-11-08</b>

Jobs	Contractor	Job Site - Customer	Address	Location	Start Date	End Date	Don's Est Hours	Don R Hours
1	McNally Elevator	Joe Guylas		Montague	Late Feb 1993	Early October 1993	750	750
2	McNally Elevator	Mrs. Herfshimer		Whitehall	Late Feb 1994	Early October 1994	750	750
3	McNally Elevator	Mrs. Bloom	12898 Lakeshore Dr		Late Feb 1995	Early October 1995	750	750
4	McNally Elevator	Mr. Barnett		Grand Haven	Late Feb 1996	Early October 1996	750	750
5	McNally Elevator	Chris Johnson		Fruitridge	Late Feb 1997	Early October 1997	750	750
6	McNally Elevator	Doug West	70th Ave	South Haven	Late Feb 1998	Early October 1998	750	750
7	Freedom Lift	Joe Chapel	8059 S. Scenic Dr	Montague				
8	Freedom Lift	Ridge	N. Buffalo		4/20/2000	9/11/2001	900	900
9	Freedom Lift	Wilson	8088 S. Scenic Dr	Montague	5/20/2001	8/1/2001	500	500
10	McNally Elevator	Sue & Lee Stahls	15360 Lakeshore Rd	Lake City	3/31/2002	6/14/2002	500	500
11	McNally Elevator	Jack Wattles	384 Lakeshore Dr	Douglas	5/7/2002	9/15/2002	640	640
12	McNally Elevator	Pulaski	1600 Rocky Gap Rd	Benton Harbor	3/16/2004	8/31/2004	1100	1100
13	Central Elevator	Don Peters	45508 Blue Star Highway	St. Joseph	9/2/2004	10/5/2005	750	750
					5/6/2008	9/15/2008	800	800
<b>Total Hours</b>							<b>9,690</b>	<b>9,690</b>

Total Hours	9,690	9,690
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JOHN C. WATTLES  
Chairman

August 10, 2005

*O.K. ed To re use 12-8-08*

To Whom It May Concern:

In 2004 Don Schmieg and Hillclimbers, Inc. built a lift for my wife and myself at our Lake Michigan property. The lift runs from our parking lot down to our house, about 70 feet.

This is a wonderful piece of equipment; well engineered and extremely well built. The parts are very substantial and the electronics and machinery are superior quality and almost maintenance free.

When I compare our lift with those lifts around us, the Hillclimer Lift is far superior to those other lifts. The Hillclimer Lift is built like a brick house.

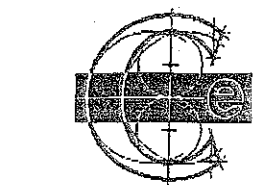
I can definitely recommend the Schmieg made Hillclimer Lift to anyone requiring this type of equipment.

Sincerely,

A handwritten signature in black ink, appearing to read "John C. Wattles". The signature is fluid and cursive, with a large loop at the end.

Registered Investment Advisors

259 East Michigan Avenue, Suite 308 • Kalamazoo, MI 49007  
616-349-0800 • FAX 616-381-1615



Classic Engineering, LLC

December 9, 2008

To Whom It May Concern:

This letter is a response to a request from Don Schmiede of Hillclimbers, Inc. to write a reference letter.

We have done business with Don starting over 10 years ago. He and I were contractors in the Muskegon area and worked on some common projects.

More recently Don has hired Classic Engineering, LLC, my employer, to consult, engineer and draw his design for a private residence inclined elevator.

Our experience with Don Schmiede and Hillclimbers, Inc. has indicated that he has integrity and seeks to give customers good value. He has many years of experience in contracting and uses the experience to design and construct a quality product. He goes beyond minimum requirements to ensure utility and durability in his inclined elevator.

We have studied Hillclimber's sketches, visited their shop, viewed elevator components and reviewed the elevator code. Our conclusion is that Don Schmiede and his business will provide a safe and valuable product to his customers.

Sincerely,

Classic Engineering, LLC

Timothy D. Bosma, P.E.



100 Grandville Ave. S.W.

Suite 400

Grand Rapids, Michigan 49503

Phone: 616.742.2810

Fax: 616.742.2814

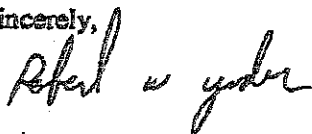
[www.classicengineering.com](http://www.classicengineering.com)

Robert W Yoder  
10709 East W Ave  
Vicksburg, MI 49097

To all concerned,

I, Robert W Yoder, am a licensed elevator mechanic in the State of Michigan since 1995. I have worked in the elevator trade for over 13 years. I have seen many brands, models and variations of hill climbers. I have known of Hillclimbers and their products since 1993. I have had the privilege of observing approximately a dozen of their lifts being manufactured and installed. I have serviced the product after installation. At this time, 8/12/05, it is my opinion there is no lift on the market anywhere near as well made or dependable as Hillclimbers products. This is the only endorsement I have ever given and do so fully.

Sincerely,



Robert W Yoder

O.K. To reuse 12-8-08



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

DAVID C. HOLLISTER  
DIRECTOR

April 4, 2006

Hillclimbers, Inc  
Mr. Donald Schmiede  
4611 Lakewood Rd  
Whitehall, MI 49461

Subject: License application for a Class C, Private Residential Inclined Elevator Journeyperson Examination and a Class C, Private Residential Inclined Elevator Contractors License Examination

Dear Mr. Schmiede:

Request was made for the Elevator Safety Board to review your qualification for examination for a Class C, Private Residential Inclined Elevator Journeyperson Examination and a Class C Private Residential Inclined Elevator Contractors License Examination.

The Elevator Safety Board, at its meeting on March 31, 2006, voted to table this request until such time you submit additional documentation regarding your qualifications.

If you have any questions, please contact me at (517) 241-9337.

Sincerely,

Calvin W. Rogler, Chief  
Elevator Safety Division

CWR/lb

cc: Kevin O'Malley, Varnum Riddering Schmidt Howlett

*Providing for Michigan's Safety in the Built Environment*

BUREAU OF CONSTRUCTION CODES & FIRE SAFETY  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
Telephone (517) 241-9337 • Fax (517) 241-6301  
[www.michigan.gov](http://www.michigan.gov)

Application for Elevator Contractor License Examination  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Elevator Safety Division  
P.O. Box 30255  
Lansing, MI 48909  
(517) 241-9337

183

OFFICE USE ONLY

DIVISION ACTION	DATE
<input type="checkbox"/> SUBMITTED TO BOARD	INITIALS
<input type="checkbox"/> REJECTED	
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$45.00

Authority: 1967 PA 227  
Completion: Mandatory As Required By Section 12  
Penalty: Examination Will Not Be Given

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

IMPORTANT - READ CAREFULLY

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- The applicant shall be familiar with the applicable law, rules, and regulations for elevators.
- The applicant shall be in a position to submit sufficient information relative to his experience, integrity, and responsibility.
- Examination applications not properly completed will be returned to applicant.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? ☐ No ☐ Yes

APPLICANT INFORMATION

CLASS	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C - Device Type <u>Incline</u>		
NAME	<u>Donald Schmiede</u>		SOCIAL SECURITY NUMBER
ADDRESS	<u>4611 Lakewood Rd</u>		TELEPHONE NUMBER
CITY	<u>Whitehall Mich 49461</u>		<u>231-894-1141</u>
	STATE	ZIP CODE	
	<u>Mich</u>	<u>49461</u>	

COMPANY REPRESENTING

COMPANY NAME	<u>Hillclimbers Inc</u>		
ADDRESS	<u>4611 Lakewood Rd</u>		BUSINESS TELEPHONE NUMBER
CITY	STATE	ZIP CODE	
<u>Whitehall</u>	<u>Mich</u>	<u>49461</u>	

REFERENCES - Enter below the names and address of three references and submit not less than two (2) written references with this application from those listed certifying your years of experience as an elevator constructor or journeyperson or equivalent.

NAME	<u>Robert W Yoder</u>			NAME	<u>John C Waffles</u>		
ADDRESS	<u>[REDACTED]</u>			ADDRESS	<u>[REDACTED]</u>		
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
<u>Vicksburg</u>	<u>MI</u>	<u>49097</u>		<u>Kalamazoo</u>	<u>Mich</u>	<u>49007</u>	
NAME	<u>Tom McNally</u>			NAME	<u>Tim Bosena P.E.</u>		
ADDRESS	<u>[REDACTED]</u>			ADDRESS	<u>[REDACTED]</u>		
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
<u>Grand Rapids</u>	<u>MI</u>	<u>49546</u>		<u>Grand Rapids</u>	<u>Mich</u>	<u>49503</u>	

Tan H 10963650



**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitely your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service, and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <i>Hillclimbers Inc</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>4611 Lakewood Rd</i>	CITY <i>Whitehall</i>	STATE <i>Mich</i>	FROM: <i>8-13-2000</i>	TO: <i>Present</i>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Foreman Owner</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Same as Donald Schmiede</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Estimate New Incline, Repair Incline, Service Incline and Install New Incline elevators</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (Geared, Gearless), Hydraulic (Direct, Roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction Rope, with counter weight, with Gear box + Break</i>				
NAME OF PREVIOUS EMPLOYER <i>D.M. Electric + Maint Inc</i>			DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>4611 Lakewood Rd</i>	CITY <i>Whitehall</i>	STATE <i>Mich</i>	FROM: <i>1981</i>	TO: <i>2000</i>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Owner Foreman</i>		YOUR SUPERVISOR'S NAME AND TITLE <i>Donald Schmiede</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>Electrical Work, layout for others, Incline lifts layout and build, Install</i>				
TYPE OF EQUIPMENT WORKED ON (Traction (Geared, Gearless), Hydraulic (Direct, Roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction, Geared, with Break.</i>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE	FROM:	TO:
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (Geared, Gearless), Hydraulic (Direct, Roped), Stage Lift, Sidewalk, Escalators, etc.)				

If you have a disability and may require some accommodation in taking this examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available through this office.

**CERTIFICATION AND SIGNATURE**

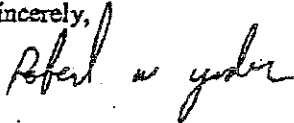
I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules, and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Consumer and Industry Services, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT <i>Donald Schmiede</i>	DATE <i>8-8-05</i>

Robert W Yoder  
10709 East W Ave  
Vicksburg, MI 49097

To all concerned,

I, Robert W Yoder, am a licensed elevator mechanic in the State of Michigan since 1995. I have worked in the elevator trade for over 13 years. I have seen many brands, models and variations of hill climbers. I have known of Hillclimbers and their products since 1993. I have had the privilege of observing approximately a dozen of their lifts being manufactured and installed. I have serviced the product after installation. At this time, 8/12/05, it is my opinion there is no lift on the market anywhere near as well made or dependable as Hillclimbers products. This is the only endorsement I have ever given and do so fully.

Sincerely,



Robert W Yoder



ELEVATOR COMPANY

6812 OLD 28TH ST. S.E. SUITE-G GRAND RAPIDS, MICHIGAN 49546-6933 (616) 942-8070

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October 3, 2003

To Whom It May Concern:

Gentlemen,

McNally Elevator Company has been in business since 1951 and has created a reputation of dependability and quality within our industry. McNally Elevator holds two Class A elevator contractor licenses and it's president, Joseph McNally has been appointed to sit on the State of Michigan Elevator Safety board by Governor John Engler.

McNally Elevator has been affiliated with Hillclimber Incorporated and their residential incline lifts since 1985. We have just completed an installation in Lakeside, Michigan using Hillclimbers newest model with radio frequency controls and an instantaneous braking system. We performed a 'Full Load Drop Test' according to the requirements of the elevator code, which consisted of loading their incline lift with the full capacity of 750 lbs of weights and created an overspeed condition to test the governor and measure the distance of the time it took the unit to stop. Their unit met or exceeded the guidelines of the code during our repeated tests.

Hillclimbers Incorporated is highly recommended to anyone wanting a quality built residential incline lift with the latest safety standards considered. McNally Elevator and Hillclimbers Incorporated would like to be considered for any residential incline lift project that needs to be constructed and installed to meet and exceed the State of Michigan's elevator requirements.

Sincerely,

McNally Elevator Company

Thomas E. McNally  
Vice-President



JOHN C. WATTLES  
Chairman

August 10, 2005

To Whom It May Concern:

In 2004 Don Schmiede and Hillclimers, Inc. built a lift for my wife and myself at our Lake Michigan property. The lift runs from our parking lot down to our house, about 70 feet.

This is a wonderful piece of equipment; well engineered and extremely well built. The parts are very substantial and the electronics and machinery are superior quality and almost maintenance free.

When I compare our lift with those lifts around us, the Hillclimer Lift is far superior to those other lifts. The Hillclimer Lift is built like a brick house.

I can definitely recommend the Schmiede made Hillclimer Lift to anyone requiring this type of equipment.

Sincerely,

A handwritten signature in black ink, appearing to read "John C. Wattle". The signature is fluid and cursive, with a large loop at the end.

---

Registered Investment Advisors

259 East Michigan Avenue, Suite 308 • Kalamazoo, MI 49007  
616-349-0800 • FAX 616-381-1615

Application for Elevator Journeyperson License Examination  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes / Elevator Safety Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9337  
www.michigan.gov/bcc

180

OFFICE USE ONLY

☐ APPROVED  
☐ REJECTED

DATE

INITIALS

EXAMINATION FEE: \$25.00 (nonrefundable)

Authority: 1976 PA 233  
Completion: Mandatory As Required By Section 6  
Penalty: Examination Will Not Be Given

The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, mental status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Labor & Economic Growth, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day preceding the date of the examination.
- Applicants must have 3 years of continuous experience in the type(s) of elevator work in which they desire to be licensed. A degree in electrical or mechanical engineering may be substituted for 1 year of experience.
- Provide 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? ☐ No ☒ Yes

APPLICANT INFORMATION

CLASS		
<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C - Device Type Private Residence Incline Elevator
NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER*
Donald Schmiede		
ADDRESS	TELEPHONE NUMBER (Include Area Code)	
4611 Lakewood Rd.	(231) 894-1141	
CITY	STATE	ZIP CODE
Whitehall	Michigan	49461

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED						
<input type="checkbox"/> 6 or Less	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input checked="" type="checkbox"/> 12
DID YOU GRADUATE?		IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?				
<input checked="" type="checkbox"/> Yes, Year 1953		<input type="checkbox"/> No				
NAME AND ADDRESS OF HIGH SCHOOL		NAME AND ADDRESS OF COLLEGE OR UNIVERSITY				
Muskegon Heights High School Muskegon Heights, MI.		Muskegon Heights High School Muskegon Heights, MI.				
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		BACHELORS DEGREE?		CREDITS EARNED		
Name		<input type="checkbox"/> Yes, Date		UNDERGRADUATE		
Location		<input type="checkbox"/> No		GRADUATE		
Date		Major		Term		
		Minor		Semester		
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE		GRADUATE DEGREE		MAJOR		
Name				PROFESSIONAL CERTIFICATION OR LICENSE		
Location						
Date		Date				
BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS		COURSE TITLE		DATE ATTENDED (Mo-Yr) to (Mo-Yr)		
Name Electrical Apprenticeship		Electrical Wiring		3-1953 -3-1957		
Location Muskegon, MI.		Electrical Controls		Class II Electrical License		

\*This information is confidential. Disclosure of confidential information is prohibited by the Federal Privacy Act.

**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <b>Hillclimbers Inc.</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>07/13/00</b> TO: <b>Present</b>	
ADDRESS <b>4611 Lakewood Rd.</b>	CITY <b>Whitehall</b>	STATE <b>Michigan</b>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>Owner</b>		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Manufacture, Install, Estimate, Design &amp; Consult New Private Residence Incline Elevators</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Traction, Wire Rope, Geared</b>				
NAME OF PREVIOUS EMPLOYER <b>D.M. Electric &amp; Maintenance Inc.</b>			DATES EMPLOYED (Month / Day / Year) FROM: <b>03/01/81</b> TO: <b>07/12/00</b>	
ADDRESS <b>4611 Lakewood Rd.</b>	CITY <b>Whitehall</b>	STATE <b>MI</b>		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>Owner</b>		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>General Electrical Contractor, Manufacture and Install New Incline Elevators</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Traction, Wire Rope, Geared</b>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)	
ADDRESS	CITY	STATE		
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.

I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Labor and Economic Growth, Bureau of Construction Codes.

SIGNATURE OF APPLICANT

*Donald Schmeig*

DATE

*12-4-08*

Don Schmeige, President  
Hillclimbers Inc.  
4611 Lakewood Road  
Whitchall, MI 49461

Beth Aben,  
Deputy Director  
Bureau of Construction Codes  
P.O. Box 30254  
Lansing, MI 48909

Dear Beth,

Hillclimbers in the past and in the future is a full year round business. Times when actual site construction can be done we have been busy building incline lifts. During inclement weather, we do site assessments for future customers, manufacture components in our shop, update and check for code requirements, and improve our product and processes.

As per license requirements we have also submitted actual time spent, which greatly exceeded 9,960 hours for myself and Don Roessler if we were to include time spent in the shop during inclement weather. We understand that this will not be able to be included, but feel strongly that Hillclimbers works year round.

We respectfully request your timely response to our licensing applications. Doing without licenses puts Hillclimbers at a great financial disadvantage.

Please find enclosed out application for elevator licensing and supporting documentation.

Thank you for your consideration and support.

Sincerely,

  
Don Schmeige

Jobs	Contractor	Job Site - Customer	Address	Location	Start Date	End Date	Don's Est Hours	Don R Hours
1	McNally Elevator	Joe Guyias		Montague	Late Feb 1993	Early October 1993	750	750
2	McNally Elevator	Mrs. Herlishimer		Whitehall	Late Feb 1994	Early October 1994	750	750
3	McNally Elevator	Mrs. Bloom	12898 Lakeshore Dr	Grand Haven	Late Feb 1995	Early October 1995	750	750
4	McNally Elevator	Mr. Barnett		Grand Haven	Late Feb 1996	Early October 1996	750	750
5	McNally Elevator	Chris Johnson		Fruitridge	Late Feb 1997	Early October 1997	750	750
6	McNally Elevator	Doug West	70th Ave	South Haven	Late Feb 1998	Early October 1998	750	750
7	Freedom Lift	Joe Chapel	8059 S. Scenic Dr	Montague	4/20/2000	9/11/2001	900	900
8	Freedom Lift	Ridge	N. Buffaloe		5/20/2001	8/1/2001	500	500
9	Freedom Lift	Wilson	8089 S. Scenic Dr	Montague	3/31/2002	6/14/2002	500	500
10	McNally Elevator	Sue & Lee Stahls	15360 Lakeshore Rd	Lake City	5/7/2002	9/15/2002	640	640
11	McNally Elevator	Jack Wattles	384 Lakeshore Dr	Douglas	3/16/2004	8/31/2004	1100	1100
12	McNally Elevator	Pulaski	1600 Rocky Gap Rd	Benton Harbor	9/2/2004	10/5/2005	750	750
13	Central Elevator	Don Peters	45508 Blue Star Highway	St. Joseph	5/6/2008	9/15/2008	800	800
<b>Total Hours</b>							<b>9,690</b>	<b>9,690</b>

Total Hours	9,690	9,690
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JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

DAVID C. HOLLISTER  
DIRECTOR

April 4, 2006

Hillclimbers, Inc  
Mr. Donald Schmiede  
4611 Lakewood Rd  
Whitehall, MI 49461

Subject: License application for a Class C, Private Residential Inclined Elevator Journeyperson Examination and a Class C, Private Residential Inclined Elevator Contractors License Examination

Dear Mr. Schmiede:

Request was made for the Elevator Safety Board to review your qualification for examination for a Class C, Private Residential Inclined Elevator Journeyperson Examination and a Class C Private Residential Inclined Elevator Contractors License Examination.

The Elevator Safety Board, at its meeting on March 31, 2006, voted to table this request until such time you submit additional documentation regarding your qualifications.

If you have any questions, please contact me at (517) 241-9337.

Sincerely,

Calvin W. Rogler, Chief  
Elevator Safety Division

CWR/lb

cc: Kevin O'Malley, Varnum Riddering Schmidt Howlett

*Providing for Michigan's Safety in the Built Environment*

BUREAU OF CONSTRUCTION CODES & FIRE SAFETY  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
Telephone (517) 241-9337 • Fax (517) 241-6301  
[www.michigan.gov](http://www.michigan.gov)

Application for Elevator Journeyperson License Examination  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Elevator Safety Division  
P.O. Box 30255  
Lansing, MI 48909  
(517) 241-9337

180

EXAMINATION FEE: \$25.00

Authority: 1976 PA 333  
Completion: Mandatory As Required By Section 6  
Penalty: Examination Will Not Be Given

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

OFFICE USE ONLY	
<input type="checkbox"/> APPROVED	DATE
<input type="checkbox"/> REJECTED	INITIALS

IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Labor & Economic Growth, Bureau of Construction Codes & Fire Safety, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of examination.
- The applicant shall be familiar with the applicable law, rules, and regulations for elevators.
- The applicant shall be in a position to submit sufficient information relative to his experience, integrity, and responsibility.
- Examination applications not properly completed will be returned to applicant.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? ☐ No ☒ Yes

APPLICANT INFORMATION

CLASS <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C - Device Type <u>Incline Elevators</u>		
NAME <u>Donald Schmieg</u>	DATE OF BIRTH <u>[REDACTED]</u>	SOCIAL SECURITY NUMBER <u>---</u>
ADDRESS <u>4611 Lakewood Rd</u>	TELEPHONE NUMBER <u>231-894-1141</u>	
CITY <u>Whitehall</u>	STATE <u>Mich</u>	ZIP CODE <u>49461</u>

EDUCATION AND TRAINING

Check the highest grade completed <input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12	Did you graduate? <input checked="" type="checkbox"/> Yes Year <u>53</u> <input type="checkbox"/> No	If you have not completed high school, have you taken the G.E.D. test to earn high school equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name and Address of High School

Muskegon Hts High School

College or University (Attended or Attending) and Date

Name \_\_\_\_\_  
Location \_\_\_\_\_  
Date \_\_\_\_\_

Bachelors Degree?

☐ Yes Date \_\_\_\_\_ ☐ No

Major \_\_\_\_\_

Minor \_\_\_\_\_

CREDITS EARNED

Undergraduate

Graduate

Term \_\_\_\_\_

Term \_\_\_\_\_

Semester \_\_\_\_\_

Semester \_\_\_\_\_

College or University (Attended or Attending) and Date

Name \_\_\_\_\_  
Location \_\_\_\_\_  
Date \_\_\_\_\_

Graduate Degree

Date \_\_\_\_\_

Major

Professional  
Certification or License

Business, Correspondence or Trade Schools

Name Muskegon Electrical  
Location Muskegon

Course Title  
Electrical  
Journeyman

Date Attended  
(Mo-Yr) to (Mo-Yr)  
4-21-55

Type Certificate or  
License Awarded  
Journeyman  
Master-  
Foreman

7 on # 10963651

**REFERENCES** - Enter below the names and address of three references and submit not less than two (2) written references with this application from those listed certifying your years of service and type of work performed, i.e., installation, alteration, maintenance, repair, servicing, inspecting, or adjusting of elevator equipment.

NAME <i>Robert W Yader</i>			NAME <i>Dr. Joe R Chapel Mich State Professor</i>		
ADDRESS <i>10709 E W Ave</i>			ADDRESS <i>8059 Scenic Dr</i>		
CITY <i>Vicksburg</i>	STATE <i>Mich</i>	ZIP CODE <i>49097</i>	CITY <i>Montague</i>	STATE <i>Mich</i>	ZIP CODE <i>49437</i>
NAME <i>Tom McNally</i>			NAME <i>John C. Waffles</i>		
ADDRESS <i>6812 Old 28th St Sault G</i>			ADDRESS <i>259 E. Michigan Ave Sault 308</i>		
CITY <i>Grand Rapids</i>	STATE <i>Mich</i>	ZIP CODE <i>49546</i>	CITY <i>Kalamazoo</i>	STATE <i>Mich</i>	ZIP CODE <i>49007</i>

**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitely your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service, and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <i>Hillclimbers Inc</i>				DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>4611 Lakewood Rd Whitehall</i>				FROM:	TO:
CITY <i>Whitehall</i>				STATE <i>Mich</i>	<i>Sept 13- 2000</i>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Foreman, layout, exp, data owner</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Donald Schmiege</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>design, build, ck out, Install, maintenance</i>					
TYPE OF EQUIPMENT WORKED ON (Traction (Geared, Gearless), Hydraulic (Direct, Roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction / Rope</i>					
NAME OF PREVIOUS EMPLOYER <i>D.M. Electric</i>				DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>4611 Lakewood Rd Whitehall</i>				FROM:	TO:
CITY <i>Whitehall</i>				STATE <i>Mich</i>	<i>1982 2000</i>
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <i>Estimate, design, build, Install</i>			YOUR SUPERVISOR'S NAME AND TITLE <i>Donald Schmiege</i>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <i>New Incline Elevators, Maintenance, Design, Check out, Install</i>					
TYPE OF EQUIPMENT WORKED ON (Traction (Geared, Gearless), Hydraulic (Direct, Roped), Stage Lift, Sidewalk, Escalators, etc.) <i>Traction / Rope</i>					

If you have a disability and may require some accommodation in taking this examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available through this office.

**CERTIFICATION AND SIGNATURE**

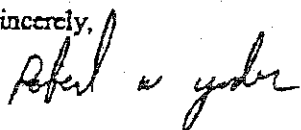
I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules, and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT <i>Donald Schmiege</i>	DATE <i>8-15-05</i>

Robert W Yoder  
10709 East W Ave  
Vicksburg, MI 49097

To all concerned,

I, Robert W Yoder, am a licensed elevator mechanic in the State of Michigan since 1995. I have worked in the elevator trade for over 13 years. I have seen many brands, models and variations of hill climbers. I have known of Hillclimbers and their products since 1993. I have had the privilege of observing approximately a dozen of their lifts being manufactured and installed. I have serviced the product after installation. At this time, 8/12/05, it is my opinion there is no lift on the market anywhere near as well made or dependable as Hillclimbers products. This is the only endorsement I have ever given and do so fully.

Sincerely,



Robert W Yoder



ELEVATOR COMPANY

6812 OLD 28TH ST. S.E. SUITE-G GRAND RAPIDS, MICHIGAN 49546-6933 (616) 942-8070

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October 3, 2003

To Whom It May Concern:

Gentlemen,

McNally Elevator Company has been in business since 1951 and has created a reputation of dependability and quality within our industry. McNally Elevator holds two Class A elevator contractor licenses and it's president, Joseph McNally has been appointed to sit on the State of Michigan Elevator Safety board by Governor John Engler.

McNally Elevator has been affiliated with Hillclimber Incorporated and their residential incline lifts since 1985. We have just completed an installation in Lakeside, Michigan using Hillclimbers newest model with radio frequency controls and an instantaneous braking system. We performed a 'Full Load Drop Test' according to the requirements of the elevator code, which consisted of loading their incline lift with the full capacity of 750 lbs of weights and created an overspeed condition to test the governor and measure the distance of the time it took the unit to stop. Their unit met or exceeded the guidelines of the code during our repeated tests.

Hillclimbers Incorporated is highly recommended to anyone wanting a quality built residential incline lift with the latest safety standards considered. McNally Elevator and Hillclimbers Incorporated would like to be considered for any residential incline lift project that needs to be constructed and installed to meet and exceed the State of Michigan's elevator requirements.

Sincerely,

McNally Elevator Company

Thomas E. McNally  
Vice-President

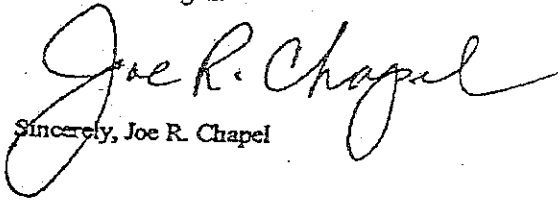
Dr. Joe R. Chapel

8059 S. Scenic Dr.  
Montague Michigan 49437

September 24, 2003.

To Whom it may concern:

This letter is intended to communicate the satisfaction of workmanship Donald Schmiede and Hill Climbers Inc. demonstrated in building my lift. This lift traverses 225ft. on a cliff overlooking Lake Michigan. The apparatus has performed flawlessly, as a result of excellent engineering, and construction work. The lift car is capable of easily carrying six adults at the speed regulated by the State of Michigan. I certainly would definitely recommend this engineering group for the construction and maintenance of lifts for Lake Michigan.

A handwritten signature in cursive script that reads "Joe R. Chapel". The signature is written in dark ink and is positioned above the typed name.

Sincerely, Joe R. Chapel



JOHN C. WATTLES  
Chairman

August 10, 2005

To Whom It May Concern:

In 2004 Don Schmiede and Hillclimers, Inc. built a lift for my wife and myself at our Lake Michigan property. The lift runs from our parking lot down to our house, about 70 feet.

This is a wonderful piece of equipment; well engineered and extremely well built. The parts are very substantial and the electronics and machinery are superior quality and almost maintenance free.

When I compare our lift with those lifts around us, the Hillclimer Lift is far superior to those other lifts. The Hillclimer Lift is built like a brick house.

I can definitely recommend the Schmiede made Hillclimer Lift to anyone requiring this type of equipment.

Sincerely,

A handwritten signature in black ink, appearing to read "John C. Wattle". The signature is fluid and cursive, with a large loop at the end.

Registered Investment Advisors

259 East Michigan Avenue, Suite 308 • Kalamazoo, MI 49007  
616-349-0800 • FAX 616-381-1615

**Application for Elevator Journeyman License Examination**  
**Michigan Department of Labor & Economic Growth**  
**Bureau of Construction Codes / Elevator Safety Division**  
**P.O. Box 30255, Lansing, MI 48909**  
**517-241-9337**  
**www.michigan.gov/lsg**

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EXAMINATION FEE: \$25.00 (non-refundable)

Address: 1876 FA 255  
 Completion: Handwritten As Required By Section I  
 Facility: Examination: YES; No: No Given

The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

OFFICE USE ONLY	
<input type="checkbox"/> APPROVED	DATE _____
<input type="checkbox"/> REJECTED	REASON _____

**IMPORTANT - READ CAREFULLY**

- This application must be on file in the office of the Elevator Safety Division, Department of Labor & Economic Growth, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Applicants must have 3 years of continuous experience in the type(s) of elevator work in which they desire to be licensed. A degree in electrical or mechanical engineering may be substituted for 1 year of experience.
- Provide 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? ☒ No ☐ Yes

Trans Info: 1180 14504623 2 12/20/06  
 CHN: 1182 Amt: \$25.00  
 TO: DONALD SIXTLE

**APPLICANT INFORMATION**

CLASS		
<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C - Device Type: Private Residence Incline Elevator
NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
Donald E. Roesler II	<del>REDACTED</del>	<del>REDACTED</del>
ADDRESS	TELEPHONE NUMBER (Include Area Code)	
8732 Meade St.	<del>REDACTED</del>	
CITY	STATE	ZIP CODE
Montague	Michigan	48437

**EDUCATION AND TRAINING**

CHECK THE HIGHEST GRADE COMPLETED

☐ 6 or Less ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☒ 12

DO YOU GRADUATE?

☒ Yes, Year: 1978 ☐ No ☐ Yes ☐ No

IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?

NAME AND ADDRESS OF HIGH SCHOOL

Montague High School  
 4900 Stanton Blvd.  
 Montague, MI 48437

COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE

Name \_\_\_\_\_  
 Location \_\_\_\_\_  
 Date \_\_\_\_\_

BACHELORS DEGREE

☐ Yes, Date \_\_\_\_\_ ☐ No

Major

Minor

CREDITS EARNED

UNDERGRADUATE

GRADUATE

Term

Term

Semester

Semester

COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING) AND DATE

Name \_\_\_\_\_  
 Location \_\_\_\_\_  
 Date \_\_\_\_\_

GRADUATE DEGREE

Date

Major

PROFESSIONAL  
CERTIFICATION OR  
LICENSE

BUSINESS, CORRESPONDENCE OR TRADE SCHOOLS

Name: MCIN  
 Location: Battle Creek, MI

COURSE TITLE

Millwright

DATE ATTENDED  
(Date - 1/2 to 1/2)

7/1956-8/1956

TYPE OF CERTIFICATE  
OR LICENSE AWARDED

Journeyman

This information is confidential. Disclosure of confidential  
 information is prohibited by the Federal Privacy Act.



**REFERENCES** - Enter below the names and addresses of three references and submit not less than two (2) written references with this application from those listed certifying your years of service and type of work performed, i.e. installation, alteration, maintenance, repair, servicing, inspecting or adjusting of elevator equipment.

NAME See previously submitted tabled application for further information			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

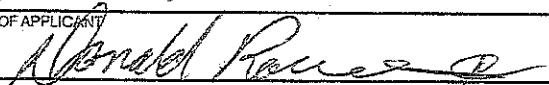
**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER			DATES EMPLOYED (Month / Day / Year)		
			FROM: TO:		
ADDRESS	CITY	STATE			
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)			YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)					
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year)		
			FROM: TO:		
ADDRESS	CITY	STATE			
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.)			YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)					
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)					

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT 	DATE 12-10-08

## Don Schmeigle and Don Roessler Work History with Elevated Incline Lifts

Jobs	Contractor	Job Site - Customer	Address	Location	Start Date	End Date	Don's Est Hours	Don R Hours
1	McNally Elevator	Joe Guyias		Montague	late Feb 1993	Early October 1993		
2	McNally Elevator	Mrs. Heifshimer		Whitehall	late Feb 1994	Early October 1994	750	750
3	McNally Elevator	Mrs. Bloom	12898 Lakeshore Dr	Grand Haven	late Feb 1995	Early October 1995	750	750
4	McNally Elevator	Mr. Barnett		Grand Haven	late Feb 1996	Early October 1996	750	750
5	McNally Elevator	Chris Johnson		Fruitridge	late Feb 1997	Early October 1997	750	750
6	McNally Elevator	Doug West	70th Ave	South Haven	late Feb 1998	Early October 1998	750	750
7	Freedom Lift	Joe Chapel	8059 S. Scenic Dr	Montague	4/20/2000	9/11/2001	900	900
8	Freedom Lift	Ridge	N. Burfoloe		5/20/2001	8/1/2001	500	500
9	Freedom Lift	Wilson	8089 S. Scenic Dr	Montague	3/31/2002	6/14/2002	500	500
10	McNally Elevator	Sue & Lee Stahls	15360 Lakeshore Rd	Lake City	5/7/2002	9/15/2002	640	640
11	McNally Elevator	Jack Waites	384 Lakeshore Dr	Douglas	3/16/2004	8/31/2004	1100	1100
12	McNally Elevator	Pulaski	1600 Rocky Gap Rd	Benton Harbor	9/2/2004	10/5/2005	750	750
13	Central Elevator	Don Peters	45508 Blue Star Highway	St. Joseph	5/6/2006	9/15/2008	800	800

Total Hours	9,690	9,690
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JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

DAVID C. HOLLISTER  
DIRECTOR

April 4, 2006

Hillclimbers, Inc  
Mr. Donald Roesler II  
8732 Meade St.  
Montague, MI 49437

Subject: License application for a Class C, Private Residential Inclined Elevator Journeyperson Examination.

Dear Mr. Roesler:

Request was made for the Elevator Safety Board to review your qualification for examination for a Class C, Private Residential Inclined Elevator Journeyperson Examination.

The Elevator Safety Board, at its meeting on March 31, 2006, voted to table this request until such time you submit additional documentation regarding your qualifications.

If you have any questions, please contact me at (517) 241-9337.

Sincerely,

Calvin W. Rogler, Chief  
Elevator Safety Division

CWR/lb

cc: Kevin O'Malley, Varnum Riddering Schmidt Howlett

*Providing for Michigan's Safety in the Built Environment*

BUREAU OF CONSTRUCTION CODES & FIRE SAFETY  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
Telephone (517) 241-9337 • Fax (517) 241-6301  
[www.michigan.gov](http://www.michigan.gov)

# APPLICATION FOR ELEVATOR JOURNEYPerson LICENSE EXAMINATION

180

Michigan Department of Consumer & Industry Services

Bureau of Construction Codes

Elevator Safety Division

P.O. Box 30255

Lansing, MI 48909

(517) 241-9337

☐ APPROVED ☐ REJECTED

DATE

INITIALS

APPLICATION FEE: \$25.00

AUTHORITY: PA 333 OF 1976, AS AMENDED  
COMPLETION: MANDATORY AS REQUIRED BY SECTION 6  
PENALTY: EXAMINATION WILL NOT BE GIVEN

THE DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

## INSTRUCTIONS:

- Complete and sign this application. Please type or print in ink.
- The applicant shall be familiar with the applicable law, rules, and regulations for elevators.
- The applicant shall be in a position to submit sufficient information relative to his experience, integrity, and responsibility.
- Enclose a check or money order payable to the STATE OF MICHIGAN.
- Mail completed application and fee to above address.

## APPLICANT INFORMATION

CLASS <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C - Device Type <u>OUTDOOR INCLINE LIFTS.</u>		
APPLICANT NAME <u>DONALD E. ROESLER II</u>	DATE OF BIRTH <u>[REDACTED]</u>	SOCIAL SECURITY NUMBER <u>[REDACTED]</u>
ADDRESS <u>8732 MEADE ST.</u>		
CITY <u>MONTAGUE MI</u>	STATE <u>MI</u>	ZIP CODE <u>49437</u>

## EDUCATION AND TRAINING

Circle the highest grade completed 6 or Less 7 8 9 10 11 <u>12</u>	Did you graduate? <input checked="" type="checkbox"/> Yes Year _____ <input type="checkbox"/> No	If you have not completed high school, have you taken the G.E.D. test to earn high school equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Address of High School <u>MONTAGUE HIGH SCHOOL 4900 STANTON BLVD MONTAGUE MI 49437</u>			
College or University (Attended or Attending) and Date Name _____ Location _____ Date _____	Bachelors Degree? <input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No	CREDITS EARNED	
	Major _____	Undergraduate	Graduate
	Minor _____	Term _____	Term _____
College or University (Attended or Attending) and Date Name _____ Location _____ Date _____	Graduate Degree Date _____	Major	Professional Certification or License
Business, Correspondence or Trade Schools Name <u>MCIW</u> <u>MICH COUNCIL OF INDUSTRIAL WORKERS</u> Location <u>BATTLE CREEK MI.</u> <u>W.J. HOWARD BUS. AGENT.</u>	Course Title <u>MILLWRIGHT</u>	Date Attended (Mo-Yr) to (Mo-Yr) <u>JULY 1986</u> <u>AUG 1988</u>	Type Certificate or License Awarded <u>JOURNEYMAN</u> <u>MILLWRIGHT</u>

Trans # 10963654

# REFERENCES

Enter below the names and address of three references and submit not less than two (2) written references with this application from those listed certifying your years of service and type of work performed, i.e., installation, alteration, maintenance, repair, servicing, inspecting, or adjusting of elevator equipment.

NAME <i>ANDREW HILDEBRANDT</i>			NAME <i>DEAN JOHNSON</i>		
ADDRESS			ADDRESS		
CITY <i>MONTAGUE</i>	STATE <i>MI</i>	ZIP CODE	CITY <i>MONROE</i>	STATE <i>MI</i>	ZIP CODE
NAME <i>CHRIS ZOROGOF</i>			NAME		
ADDRESS			ADDRESS		
CITY <i>WHITEHALL</i>	STATE <i>MI</i>	ZIP CODE	CITY	STATE	ZIP CODE

EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

NAME OF PRESENT OR LAST EMPLOYER <i>HILLCLIMBERS INC</i>				DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>4611 LAKEWOOD RD</i>				CITY <i>WHITEHALL</i>	STATE <i>MI</i>
YOUR JOB TITLE <i>FABRICATOR &amp; FABRICATION SUPERVISOR</i>				YOUR SUPERVISOR'S NAME AND TITLE <i>DONALD SCHMIEGE</i>	
JOB DUTIES <i>DESIGN, FABRICATION &amp; COMPLETE ASSEMBLY OF INCLINE LIFTS, INCLUDING INSTALLATION &amp; ELECTRICAL CONTROLS &amp; WIRING, SPEED CONTROLS &amp; SAFETY DEVICES &amp; WELDING.</i>					
TYPE OF EQUIPMENT WORKED ON <i>OUTDOOR INCLINE LIFTS. FABRICATION, &amp; INSTALLATION &amp; MAINTENANCE INCLUDING ELECTRICAL &amp; FREQUENCY DRIVE PHASE CONVERTERS</i>					
NAME OF PREVIOUS EMPLOYER <i>D. M. ELECTRIC</i>				DATES EMPLOYED (Month / Day / Year)	
ADDRESS <i>4611 LAKEWOOD RD</i>				CITY <i>WHITEHALL</i>	STATE <i>MI</i>
YOUR JOB TITLE <i>Mechanic MILLWRIGHT, <del>WELDER</del> WELDER NON ELECTRICAL</i>				YOUR SUPERVISOR'S NAME AND TITLE <i>DONALD SCHMIEGE</i>	
JOB DUTIES <i>WELDING, FABRICATION OF <del>STEEL</del> STEEL, ALUMINUM &amp; WOOD PROJECTS &amp; PARTS <del>VEHICLE &amp; EQUIPMENT REPAIRS</del></i>					
TYPE OF EQUIPMENT WORKED ON <i>COMPANY / FLEET VEHICLES, CONSTRUCTION EQUIPMENT</i>					
FABRICATION OF CUSTOM PARTS REQUIRED FOR JOB COMPLETION INCLUDING INCLINE LIFTS AND ASSOCIATED EQUIPMENT					

If you have a disability and may require some accommodation in taking this examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available through this office.

## CERTIFICATION AND SIGNATURE

I certify that all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules, and regulations adopted by the Elevator Safety Board.	
SIGNATURE OF APPLICANT <i>[Signature]</i>	DATE

- \* MANUFACTURED INCLINE LIFTS <sup>SINCE 1985</sup> ~~FOR OVER 10 YEARS.~~
- \* INSTALLED INCLINE LIFTS (WITH ELEVATOR CONTRACTOR SUPERVISION) FOR THE PAST 4 ~~YEARS~~ YEARS INCLUDING STATE INSPECTIONS.
- \* HAVE HAD ENGINEERS CERTIFY ~~WORK~~ DESIGNS & CONSTRUCTION
- \* HAVE BEEN ASKED BY OTHER ELEVATOR JOURNEYPERSONS WHY I DON'T GET CERTIFIED AND WHY WE ARE NOT A CONTRACTOR
- \* HAVE GOTTEN PRAISE ON DESIGN & CONSTRUCTION BY PURCHASERS, INSPECTORS & ENGINEERS.
- \* WAS TOLD BY ELEVATOR DIVISION THAT AS OF JAN 2004 THE RULES HAVE CHANGED AND I WOULD HAVE TO START A NEW 3 YEAR APPRENTICESHIP FULL TIME WITH AN ELEVATOR CONTRACTOR
- \* ~~HAVE NEVER~~ HAVE MET OR EXCEEDED CURRENT CODES & RULES FOR OUTDOOR INCLINE LIFTS.
- \* HAVE NEVER HAD A FAILURE OF EQUIPMENT RESULTING IN INJURY OR DEATH.
- \* WE MANUFACTURE A FAR SUPERIOR PRODUCT TO WHAT ELSE IS OFFERED IN THE STATE OF MICHIGAN
- \* DON SCHMIEGE IS THE OWNER OF HILLCLIMBERS INC AND WAS PREVIOUSLY AN ELECTRICAL CONTRACTOR HE HAS BEEN MANUFACTURING & INSTALLING OUTDOOR INCLINE LIFTS SINCE APPROX 1983 AND HAS BEEN UNSUCCESSFUL AT GETTING LICENSED ~~AS~~ AS AN ELEVATOR CONTRACTOR OR JOURNEYPERSON.



## ELEVATOR COMPANY

2212 OLD 28TH ST. S.E. SUITE G GRAND RAPIDS, MICHIGAN 49548-6023 (516) 842-6070

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October 3, 2003

To Whom It May Concern:

Gentlemen,

McNally Elevator Company has been in business since 1951 and has created a reputation of dependability and quality within our industry. McNally Elevator holds two Class A elevator contractor licenses and it's president, Joseph McNally has been appointed to sit on the State of Michigan Elevator Safety board by Governor John Engler.

McNally Elevator has been affiliated with Hillclimber Incorporated and their residential incline lifts since 1985. We have just completed an installation in Lakeside, Michigan using Hillclimbers newest model with radio frequency controls and an instantaneous braking system. We performed a 'Full Load Drop Test' according to the requirements of the elevator code, which consisted of loading their incline lift with the full capacity of 750 lbs of weights and created an overspeed condition to test the governor and measure the distance of the time it took the unit to stop. Their unit met or exceeded the guidelines of the code during our repeated tests.

Hillclimbers Incorporated is highly recommended to anyone wanting a quality built residential incline lift with the latest safety standards considered. McNally Elevator and Hillclimbers Incorporated would like to be considered for any residential incline lift project that needs to be constructed and installed to meet and exceed the State of Michigan's elevator requirements.

Sincerely,

McNally Elevator Company

Thomas E. McNally  
Vice-President

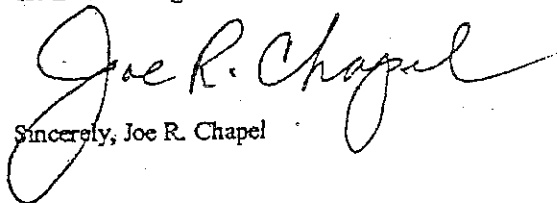
Dr. Joe R. Chapel

8059 S. Scenic Dr.  
Montague Michigan 49437

September 24, 2003.

To Whom it may concern:

This letter is intended to communicate the satisfaction of workmanship Donald Schmiede and Hill Climbers Inc. demonstrated in building my lift. This lift traverses 225 ft. on a cliff overlooking Lake Michigan. The apparatus has performed flawlessly, as a result of excellent engineering, and construction work. The lift car is capable of easily carrying six adults at the speed regulated by the State of Michigan. I certainly would definitely recommend this engineering group for the construction and maintenance of lifts for Lake Michigan.

  
Sincerely, Joe R. Chapel

GREG,

I AM MISSING 1 MORE LETTER THAT WAS SUBMITTED  
WITH MY APP. IT IS FROM BOB YODER AN ELEVATOR  
JOURNEYMAN.

P6 7 of 7



MCNALLY ELEVATOR COMPANY  
6812 OLD 28<sup>TH</sup> STREET, S.E. SUITE G  
GRAND RAPIDS, MICHIGAN 49546

PHONE 616-942-8070  
FAX 616 301-2234

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**TRANSMITTAL**

DATE: October 3, 2003  
TO: Don Schmiede  
FROM: Tom E. McNally  
RE: Letter of recommendation

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MESSAGE: Don,

I am faxing you the letter of recommendation that we discussed and will mail the original.

Please continue to use our fee of \$10,000 for all future projects up to 250' of travel. All other projects that exceed that travel will be evaluated on a per project basis.

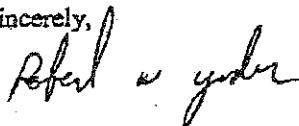
Tom E. McNally

Robert W Yoder  
10709 East W Ave  
Vicksburg, MI 49097

To all concerned,

I, Robert W Yoder, am a licensed elevator mechanic in the State of Michigan since 1995. I have worked in the elevator trade for over 13 years. I have seen many brands, models and variations of hill climbers. I have known of Hillclimbers and their products since 1993. I have had the privilege of observing approximately a dozen of their lifts being manufactured and installed. I have serviced the product after installation. At this time, 8/12/05, it is my opinion there is no lift on the market anywhere near as well made or dependable as Hillclimbers products. This is the only endorsement I have ever given and do so fully.

Sincerely,



Robert W Yoder



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

KEITH W. COOLEY  
DIRECTOR

August 1, 2008

To: Elevator Safety Board

From: C. W. Rogler

Subject: Request for a variance to ASME A17.1 section 2.19

Request has been made by Elevator Technology, Inc., for a waiver to ASME A17.1 section 2.19, Ascending Car Overspeed and Unintended Car Movement Protection. Elevator Technology Inc. is asking for a waiver to the rope gripper requirements for State serial #18946 located at Severstal North America in Dearborn, Michigan.

**Division Recommendation**

The Elevator Safety Division believes an alternative method may be utilized to meet the requirements of ASME A17.1, 2004, Section 2.19.

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[www.michigan.gov/dleg](http://www.michigan.gov/dleg)

DLEG is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities



June 4, 2008

Mr. Doug Dart  
Michigan Department of Labor  
Elevator Safety Division  
P.O. Box 30254  
Lansing, MI 48909

Dear Doug:

This letter is regarding elevator #18946 at Severstal North America on Miller Road in Dearborn.

This elevator is a 25,000 lb. capacity freight elevator not a passenger car. Elevator Technology, Inc. is requesting a waiver on the requirement of rope grippers for this reason. Further, rope grippers are only made for up to 15,000 lb. capacity elevators.

Please call this office if you have further questions. Thank you for your consideration.

Sincerely,

Steve Carter  
Sales Manager